The Social Contract

Vol. XIV, No. 1 Fall 2003

Highlights

Wayne Lutton discusses how mass immigration is spreading disease and bankrupting public health services.

Kevin Patterson, MD describes the impact of TB based on professional encounters.

Brenda Walker contends that the striving for political correctness is hampering public safety measures.

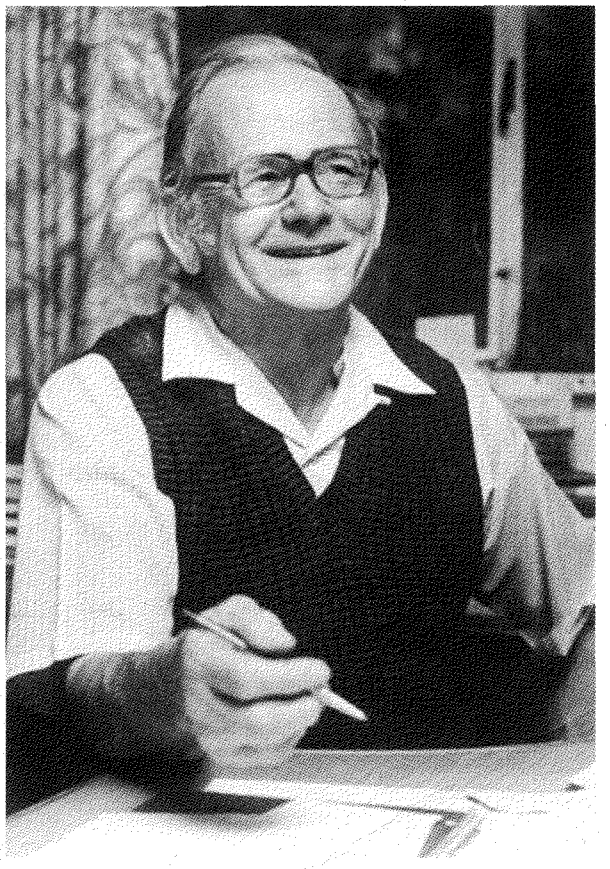
Robert Howard shows how the economic threats of SARS and TB to tourism and trade create denial and inaction.

Joe Guzzardi and Craig Nelsen discuss the financial costs of illegal aliens to the health care system.

Juan Mann labels the temporary worker plan as 'lunacy.'

Topical books are reviewed by:
John Attarian
Kevin Lamb
Miles Wolpin

Mass Immigration: The Public Health Dimension



Garrett Hardin, Ph.D. (1915-2003)

Memorial tributes for the consummate scholar and ethicist, Garrett Hardin, and his wife Jane.
See page 5.

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About THE SOCIAL CONTRACT

The English philosopher John Locke, whose thinking helped inspire the American revolution, said that society should be governed by an understood set of values he termed "the social contract." Under the social contract, governments have obligations to their citizens, and citizens have responsibilities to society.

Most public issues are basically moral and ethical ones. What is the right thing to do? How do we decide what we think is right? When "rights" collide, which ones take precedence? The concept of the social contract helps us sort out the difficult issues confronting American society today and helps us find balance.

Each quarter THE SOCIAL CONTRACT journal examines trends, events, and ideas that have an impact on America's delicate social fabric. Key topics addressed by this journal:

- *Human population issues, including absolute size, rate of growth, and distribution. Do cherished American ideals prosper or suffer through further population growth?*
- *Immigration issues. In order to best facilitate meeting the highest goals of the American people, (1) how many immigrants should we admit? (2) who should be admitted? and (3) how can we humanely enforce the rules?*
- *Language, assimilation, culture, and national unity considerations. What shared values are necessary to the maintenance of our social contract?*
- *The balance of individual rights and civic responsibilities. Since the previous issues are so often framed in terms of rights, what are the balancing obligations?*
- *Other nations' efforts at creating and guarding their own social contracts. What practical insight can be gained from observing the failures and successes in nation-building by other societies?*

THE SOCIAL CONTRACT explores these complex and interrelated issues with articles, essays and book reviews that vary greatly in outlook and philosophy. We encourage a wide spectrum of opinion as we publish contributions from many vantage points. The opinions expressed by the writers are not necessarily those of the editors or publisher.

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Vol. XIV, No. 1 Fall 2003

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A Note from the Editor

Garrett and Jane Hardin: Teachers and Friends Remembered

Noble intentions are a poor excuse for stupid action. Man is the only species that calls some suicidal actions "noble." The rest of creation knows better.
— Garrett Hardin

The Editors of *The Social Contract* consider it a privilege to have known and worked with Garrett and Jane Hardin, who passed away at their home in Santa Barbara, California on September 14, 2003.

Garrett Hardin, emeritus professor of human ecology at the University of California at Santa Barbara, was best known for his 1968 essay, "The Tragedy of the Commons," and became perhaps the leading source of inspiration for three generations of ecologists, ethicists, and immigration reduction advocates.

His writings played a principal role in helping develop a scientific, intellectual, and political foundation for a sustainable population policy. As he remarked:

I approach immigration problems from the scientific side. As modern science emerged in the seventeenth century, Galileo said 'the grand book of the universe is written in the language of mathematics'...Time after time, a difficult question that does not obviously involve mathematics yields its secret once mathematical reasoning is introduced. Such successes lead some of us—I'm one—to believe that the discipline of ethics can also benefit from mathematical insights. We must pay attention to quantities...As far as ethics is concerned, perhaps the difference between one brother and two would not be enough to bother about. But suppose there are a million brothers. Ten million. In all realism, must I be "my brothers' keeper" when there are hundreds of millions of brothers out there crying to be cared for?

Garrett Hardin's ethical insights have not grown stale with time. Thanks in large part to the emergence of the Internet, new generations of people doing research on immigration, population, resource conservation, and the challenge of "multiculturalism" can discover Professor Hardin's unique perspectives on these questions. Over a year ago, with the assistance of Garrett and Jane Hardin, the on-line Garrett Hardin Society was established to preserve and further disseminate his work (www.GarrettHardinSociety.org).

The staff of this journal is honored to add to the tributes being assembled for the Hardins who worked as a team for over 62 years. We have all benefitted from their wisdom and graciousness.

WAYNE LUTTON, PH.D.

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Letters to the Editor

EDITOR:

I need to have you make a correction to my essay, "Population and Immigration: One Problem, Indivisible" (*The Social Contract*, Vol. XIII, No. 3, Spring 2003, page 268). Manhattan's population density should read "67,000 residents per square mile," not 76,000.

Also, I was most interested to see Bob Simmons' Letter to the Editor in the Spring issue re: my essay, "Ethnic Conflict in History: An Overview of 5,000 Years" (*The Social Contract*, Vol. XIII, No. 2, Winter 2002-2003, pages 115-133.) It was gratifying to read that he "devoured every word," and "read it in one session and then kept referring back to it." Although the subtitle with the term "ambitious" was not mine, the article *was* long, maybe too long. I think, however, Simmons' complaint that it was "more about the diaspora of people" than ethnic conflict, is a little misplaced. The two diasporas that the article went into in some detail, those of the Jews and the Armenians, certainly had ethnic/cultural resentments in conflicts with neighbors as not only background but as foreground as well, and these were factors in many other movements of peoples, forced or otherwise. Granted, other factors operated too; there is seldom one single cause for such occurrences. Although the article did mention specific ethnic/cultural factors in a number of cases, in others it mainly left the reader to draw his or her own conclusions. It's easy to make sweeping generalizations and this I wished to avoid, although perhaps I could have been more explicit in some of the examples. As the article also mentions, however, the earlier historians especially were not much interested in these factors and made little note of them, maybe because they took them for granted or, alternatively, did not wish to offend a patron in power. In any case I thank Mr. Simmons for his thoughtful comments.

LEE MADLAND
Missoula, Montana

EDITOR:

Re: the excellent CAPS report on California population (TSC, Vol. XIII, No. 4, Summer 2003, p.250), in my judgment one crucial factor was overlooked Though it is tempting and accurate to attribute current California population growth exclusively to foreign immigration, it is deceptive and an oversimplification to think that even if immigration were completely cut off that population stabilization would necessarily follow. What is needed is a simultaneous modification of the economic system as presently constituted.

So long as progress is measured by growth in "automobile production, "job creation," and "housing starts" and these factors continue to be promoted, not least at the local level under the banner of "boosterism," people will move in from elsewhere in the U.S. where the climate and other conditions are less benign.

To realize that our economic system, successful and entrenched as it has been for so long, will not self-adjust short of some hideous point of crowding and complexity, and is so profoundly implicated in the growth that worries us, creates a dilemma that may be harder to solve than immigration. In my experience, boosterism presents an even tougher nut to crack. Our need for preoccupation with the need for immigration reform is justified, but I'm concerned that if we assume and promise too much in this regard, we may one day wake up to find that economics as well as demographics is pulling down California's social and natural environments.

Admittedly, this kind of thinking takes me into a subject far beyond my expertise and can divert one's attention from an achievable goal into a hopeless Moebius band. Maybe I need to read Herman Daly's complete works for practical answers, but as things stand I feel a bit helpless to answer critics who claim growth in population and consumption is built into the capitalist economic system.

RICHARD VAN ALSTYNE
Santa Barbara, California

EDITOR:

After reading Herman Daly's article on the late Julian Simon (*The Social Contract,* Vol. XIII, No. 3, Spring 2003, p. 194), I was reminded of a conversation I had with Simon several years ago.

As professor of business administration at the

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University of Maryland and a leading advocate of increased immigration and population growth, Simon appeared on a panel at a conference on immigration at the Hoover Institution at Stanford University, October 17, 1996. I asked him a question during the panel session, and afterward had a conversation with him. The following was not recorded and is not verbatim. But it is accurate.

Lorenz: China adds 17 million to its population each year – "the ultimate resource." [This is a phrase that Simon uses to describe people: so the more, the better.] If the evidence indicated that 17 million Chinese migrating to the U.S. each year was economically beneficial, would you support this policy? Keep in mind that after 20 years there would be over 340 million Chinese in the U.S.

[Simon took his glasses off and put his hands on his head indicating that he was thinking about how to respond. After a long 20 or 30 second pause, he said that this question was not economic but one of taste or feelings and asked if it was appropriate for him to respond? The moderator indicated yes.]

Simon: I hope that you don't consider this a dodge of the question and do you consider this responsive to your question?

Lorenz: I realize the answer to this question does not flow out of your economic data. Your views are very influential on the national level. It's important that you recognize the end results of the policies you recommend.

Simon: [Graciously accepting the reference to influence…] From your lips to God's ear. My expertise is economics and so my taste or feelings are not privileged and have no more significance than anyone else's. Margaret Thatcher's taste is that England should remain English. My feelings are that I like American culture and want it to spread around the world. America has more influence than Holland because we have a larger population. So greater numbers appeals to me.

[Thus my question went unanswered. After the panel was over, I talked to Simon.]

Lorenz: Ever since reading *Population Matters* I've wanted to meet and talk with you.

Simon: What do you do?

Lorenz: Electrical engineering.

Simon: Oh, I've always dreamed of becoming an engineer. (Sigh! If only he had followed his dream!)

Lorenz: In *Population Matters* you used high wages in the U.S. as evidence of a labor scarcity, implying that it was a problem in need of a fix, such as immigration.

Simon: No, no, no. No such implication was intended. High wages and high productivity are good things.

Lorenz: Then shouldn't the government pursue a tight labor policy?

Simon: I don't like the government intervening in the market.

Lorenz: Well, of course. But how about the border? Certainly enforcing the border is a government function.

Simon: I'm not convinced that this is a good function of government either.

Lorenz: What about the tens of millions that would come in?

Simon: You mean the hordes that would over-run us?

Lorenz: Yes.

Simon: I'm not convinced that would happen.

Lorenz: Should we allow in 10 million per year?

Simon: First start at a million. Then go to 2 million.

Lorenz: But given that almost everyone around the world is rational and will act to raise his economic standard, wouldn't a significant fraction come here?

Simon: The Puerto Ricans could come here in large numbers, but don't.

Lorenz: But large amounts of federal dollars flow into Puerto Rico. What about smugglers that are paid thousands or tens of thousands of dollars per head? Doesn't that indicate strong demand?

Simon shrugged his shoulders. I thought this was a stimulating conversation. But perhaps he thought it was tiresome. He smiled and politely disengaged.

PERRY LORENZ
Fort Collins, Colorado

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Garrett & Jane Hardin

Remembered by their activist neighbors in Santa Barbara

by Diana Hull and Linda Thom

The population reduction and environmental movement has lost two of its giants, Garrett James Hardin and wife Jane Hardin, on September 14.

Garrett Hardin, professor emeritus at UC Santa Barbara, was the author of 27 books and over 350 articles. He was originally trained as an ecologist and microbiologist and brought his original and meticulously reasoned ideas to the environmental and population movements. "The Tragedy of the Commons" – a widely regarded contribution to ecology, population theory, economics and political science introduced the idea that human misery would increase greatly if we do not recognize that livable space on Earth is finite. Referring to natural resources, he believed we had a right to give away our own possessions, but not those of posterity.

Garrett was the bravest of men because he said many true but unpopular things. In a crowded world, he said, we need the ecological concept of "carrying capacity" if we are to minimize suffering in the long run. He thought Western man had pretty well locked himself into a suicidal course by clinging to a "time blind" ethical principle – the absolute sanctity of life.

Diana Hull, Ph.D. *is a behavioral scientist trained in demography and epidemiology. As a Clinical Associate Professor in the Department of Psychiatry at the Baylor College of Medicine in Houston she became interested in the health effects of immigration. Now residing in Santa Barbara, California, she currently serves as president of CAPS, Californians for Population Stabilization.*

Linda Thom *is a retiree who fled north from California three years ago. She formerly worked as an officer for a major bank and as a budget analyst for the County Administrator of Santa Barbara.*

He also questioned "promiscuous" philanthropy believing that it often did more harm than good in the long term.

His most controversial books were *Living on a Lifeboat*, and *The Limits of Altruism: An ecologist's view of survival.* Garrett's interest in immigration developed from the idea that the "lifeboat" of the West is filled with the equivalent of family members – and that kinship altruism is the source of moral behavior. Both extend the idea that resources shared in common are exploited by some, whenever there is either crowding or conditions of scarcity.

Hardin often pointed out that the sentimental path was often at odds with the ethical one.

He was questioning the wisdom of mass immigration more than 20 years ago, calling "distributive justice" a ruinous system and described why this was so important in a series of articles and books. The Hardins were founders of CAPS (Californians for Population Stabilization) and remained close to the organization for the rest of their lives.

They were also dedicated to population stabilization through both family planning and reduced immigration. Garrett was a member of the Board of Directors, (later emeritus) of the Federation for American Immigration Reform. They were also longtime supporters of Planned Parenthood.

Some of Professor Hardin's other books include: *Mandatory Motherhood: The True Meaning of 'Right to Life' The Ostrich Factor: Our Population Myopia, Stalking the Wild Taboo*, and *Creative Altruism: An Ecologist Questions Motives.* Hardin has received many awards for his work, and the Garrett Hardin Society is an organization formed to preserve his ideals and teachings.

In a 2002 tribute by George M. Woodell, Director of the Woods Hole Research Center in Woods Hole, Massachusetts, he described Garrett as someone he

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had admired for virtually his entire career as a scientist. Garrett Hardin, he said "has framed the arguments on environment and government, human rights and ethics, for three generations."

Garrett Hardin was 88, and Jane Hardin was 81. The couple is survived by their four children.

DIANA HULL, PH.D.
CAPS (Californians for Population Stabuilization)

+ + +

On a September Sunday, Garrett and Jane Hardin committed suicide. I cried, not for them but for me. Garrett and Jane got my thinking straight on overpopulation. They lived what they believed. I have never met such environmentally conscious people.

Garrett and Jane lived simply. For example, they collected rainwater for drinking. Jane gardened and preserved and composted. Jane told me they didn't subscribe to the *Los Angeles Times* because it generated too much waste advertising newsprint and the Earth would be better if fewer people subscribed.

She knitted wool socks for Garrett and we shared patterns. Jane believed in Garrett and she took care of his many personal needs – he was crippled by polio as a child – to allow him to write and think and influence thousands, including me.

Since I was in the eighth grade, I have worried about overpopulation. I read an article in *Time* magazine about India's population problem and the efforts of the government to help people control family size by instructing on the rhythm method. I wasn't exactly sure what that was but I was sure that keeping babies from entering the world and then starving was the right thing to do.

In college I majored in economics and heard that nations should make huge capital investments in infrastructure to reduce family size. According to economic thinking, when folks get money, they quit having children. I couldn't figure this out. Let's see, "Not tonight honey, they are building a dam on the Nile, don't you know." In my simple twenty-year-old mind, people would have more children if they felt prosperous and not fewer.

Despite my misgivings about this thinking, my heart overwhelmed my mind and I felt that sending billions in foreign aid to save the teeming masses would be the best course. I moved to Santa Barbara where Garrett and Jane lived. In the 1970s, I attended a lecture on overpopulation by Garrett. Bam, pow, whap, no mercy for the bleeding hearts. In a crowded lifeboat, taking on the drowning people in the water will only result in death for all. If some in the lifeboat feel guilty, then they should get out and give their place to others. Those in the lifeboat who wanted to live should not be compelled to commit suicide.

The best way to redistribute wealth was not to drain the rich nations to save the poor but rather to help reduce the number of people in the next generation so that fewer could have more. Numbers matter in an environmentally finite world.

According to Garrett, overpopulation is cruel because Mother Nature's answer is brutal. People must work to agree on a method of controlling their prolific ways. He echoed the theme of Malthus that overpopulation leads to death from starvation and disease or from conflict with others fighting for survival. It's nature's way and the proof is everywhere around us in the world.

Garrett's views caused consternation among Christians, Liberals, immigration-enthusiasts and just plain folks on the street. But numbers matter. In our world, five billion people could benefit economically by moving to America. Four billion have lower incomes than our most numerous immigrant groups, Mexicans. Three billion have inadequate food. We cannot save the world by moving millions to America and we will commit suicide if we try.

Garrett administered tough love. I will miss both Jane and Garrett because they loved life and never gave up hope that folks would eventually get it right.

LINDA THOM
Coupeville, Washington

+ + +

More tributes are on the website: *www.Garrett Hardin Society.org*

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Garrett Hardin, Ph.D.

A retrospective of his life and work

by Richard Lynn

Garrett Hardin (born 1915) has been the leading advocate over the last three decades of the 20th century for the necessity of controlling the growth of world population and of reducing immigration into the United States. He has written numerous books and articles to promote these objectives. His work has consisted of four principal themes. The first is that the world is experiencing a population explosion which will deplete natural resources, damage the environment, and reduce the quality of life. To prevent this from happening, ways need to be found to reduce world population growth. Second, while it is going to be difficult to stabilize population growth in the economically developing world, it can be stabilized in the United States by a reduction of immigration. Third, he believes that multicultural societies are inevitably fraught with social division and conflict and this is another reason why immigration into the United States should be reduced. Fourth, the aim of reducing or stabilizing population growth needs to be supplemented by the principle that it would be desirable to control not only the quantity of children but also their quality.

Garrett Hardin was born in Dallas, Texas in 1915. His father was a freight sales representative with the Illinois Central Railroad. Although the family moved frequently because of his father's job, they had secure roots in his grandfather's farm in southwestern Missouri. Hardin's high school and college days were spent in Chicago. He showed promise in writing from an early age. At the age of 15 he won a city-wide contest run by the *Chicago Daily News* with an essay on the importance of Thomas Edison. For this he was awarded a trip east to visit the aging inventor.

In 1932 Hardin won both a University of Chicago academic scholarship and a dramatic arts scholarship at the Chicago College of Music. A month's attendance convinced him that he could not follow both paths simultaneously, and so he abandoned the dramatic scholarship. In 1936 Hardin graduated from the University of Chicago in zoology, studying under the ecologist W. C. Allee. He then transferred to Stanford University, where he obtained his Ph.D. in microbial ecology in 1941. His most influential mentors were the microbiologist C. B. van Niel and the geneticist George W. Beadle, later to be awarded the Nobel prize. Shortly after graduation Hardin began work at the Carnegie Institution of Washington's Division of Plant Biology, which had a laboratory on the Stanford campus. For four years he was part of a team investigating antibiotics produced by algae, as well as the future possibility of using cultured algae as animal food.

In 1946 Hardin resigned his research position at the Carnegie Institution to accept an associate professorship at the University of California's campus in Santa Barbara. During the next two decades he devoted much of his time to developing an ecologically-oriented course in biology for the general citizen, which he adapted to closed-circuit television. He was appointed full professor of human ecology in 1963. Hardin's work on population control and immigration reduction has been supported by grants from the Pioneer Fund from 1988 through 1992.

The Tragedy of the Commons

Hardin achieved a major impact for his views on the desirability of reducing the world population explosion in 1968 with his presidential address, "The Tragedy of the Commons," delivered to the Pacific Division of the American Association for the Advancement of Science.[1] Hardin began his lecture by reference to the point made by an English mathematician named William Lloyd in a pamphlet published in 1833. Lloyd argued that if a public purse were made available for everyone to dip into, the

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Richard Lynn, Ph.D. *is professor emeritus of psychology, University of Ulster, Northern Ireland.*
This chapter concerning the life and work of Garrett Hardin is reprinted from his book, The Science of Human Diversity, *© 2001, University Press of America.*

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money in the purse would rapidly disappear. Hardin suggested the alternative analogy of a common land on which all people are allowed to graze their cattle. When this right is available, there is a natural tendency for people to exploit the grazing to the full because the gain to them as individuals outweighs the cost. The result is that the common land becomes overgrazed and deteriorates. Hardin argued that this was inevitable and called it "the tragedy of the commons." He noted that this problem had been solved by the introduction of property rights in land. Once land became owned by individuals, rather than in common, it became in the owners' own interest not to overgraze it and to maintain its productive capacity.

"The general principle of the tragedy of the commons is that individuals will exploit anything that is free in order to maximize their own advantage, but that this entails a cost to society as a whole."

The general principle of the tragedy of the commons is that individuals will exploit anything that is free in order to maximize their own advantage, but that this entails a cost to society as a whole. Hardin then applied this principle to the production of children. People who have a large number of children, he argued, are imposing a cost on society, which they themselves do not have to bear. "Freedom to breed," he wrote, "will bring ruin to all."[2] How, therefore, can we prevent people from damaging the public well-being by producing excessive numbers of children? Hardin observed that those concerned with this problem were making appeals to the conscience of the offenders. He argued that this would not be effective, partly because it would not work and partly because it would generate guilt, and that Freudian psychoanalysts have demonstrated that guilt is psychologically damaging.

Since appeals to the conscience of the group he called "the nations' (or the world's) breeders" would be both ineffective and psychologically undesirable, Hardin argued that coercion would be necessary to prevent people from having excessive numbers of children. He recalled that the United Nations issued a statement in 1967 to the effect that it was a natural right of couples to have as many children as they wished, but he said that this had to be rejected. He recognized that the restriction of people's right to have unlimited numbers of children would necessarily involve a reduction in individual freedom. Nevertheless, this was justifiable for the good of society as a whole, just as the freedom to rob banks is curtailed by the criminal law. Hardin concluded:

> *The only way we can preserve and nurture other and more precious freedoms is by relinquishing the freedom to breed, and that very soon.*[3]

Neither in this address nor subsequently has Hardin suggested the ways by which people's right to have children would actually be curtailed. Presumably they would be punished in some way if they exceeded the permitted limit, or possibly they would be compulsorily sterilized. Hardin leaves his readers to work these details out for themselves. But although the measures for reducing birth rates are not spelled out, Hardin made it clear that some kind of sanctions would be required to enforce family limitation. Hardin has reiterated and elaborated the themes in his 1968 lecture on a number of occasions over the course of the succeeding quarter century.

Population, Resources, and Pollution

Hardin's basic argument is that the earth has a limited carrying capacity for the size of the population it can accommodate. He believes that the optimum carrying capacity had been reached by the last quarter of the 20th century and any further increases in world population will bring about a deterioration in the quality of the environment and of human life. As the numbers of people increase, there will inevitably be rising levels of pollution, degeneration of the quality of agricultural land, deforestation, and deterioration of air and water quality. To prevent this deterioration, Hardin believes our first aim should be to arrest the growth of world population.

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Hardin notes that fertility in the United States and Europe fell to about two per woman or even lower in the 1980s and that this would stabilize the size of the populations at approximately their present numbers for several decades to come. He welcomes this development. To ensure that fertility remains low Hardin advocates a variety of measures including subsidized birth control and abortion, paying adolescent girls an annual allowance conditional on their not having a child, the abolition or reduction of tax allowances for children to discourage people from having them, and rewards for those who have only one child or none, which might take the form of prestigious subsidized vacations.[4]

Immigration

Because fertility is low in the United States and Europe, Hardin believes that the problem of excessive population growth would be largely under control if it were not for immigration. He sees immigration as the major problem that will lead to increases in population in the economically developed world. To prevent this growth he advocates the reduction of immigration nearly to zero. In a striking metaphor, Hardin has on several occasions used the analogy of a nation as a lifeboat.[5] A lifeboat can only hold a certain number of people. If more are taken on board, the lifeboat sinks and everyone will be drowned. The only rational course of action for those in a full lifeboat is to refuse to take anyone else on board. It is the same with a nation. "To survive," he writes in his last book, *Living Within Limits:*

> *rich nations must refuse immigration to people who are poor because their governments are unable or unwilling to stop population growth.*[6]

Two years later he reaffirmed this reasoning in a journal article, this time drawing an analogy from microbiology.[7] Biologists see immigration as a developmental phenomenon. ... Just as the thyroid gland withers away during growth from babyhood to adulthood, so too must immigration disappear as the country matures by becoming filled up.[8]

Multiculturalism

Hardin advances another reason for reducing immigration. This is that most immigrants into the United States following the 1965 Immigration Act have been Mexicans, blacks from the Caribbean and Africa, and Asians. This is bringing about an increasingly multicultural society, and Hardin believes that this is a recipe for social disorder. He writes:

> *Diversity within a nation destroys unity and leads to civil wars. Immigration, a benefit during the youth of a nation, can act as a disease in its mature state. Too much internal diversity in large nations has led to violence and disintegration.*[9]

In 1991 he wrote that the cult of multiculturalism has been responsible for the large scale immigration of non-European peoples into the United States and this will destroy social unity:

> *We are now in the process of destabilizing our own country through the unlimited acceptance of massive immigration. The magic words of the de stabilizers are "diversity" and "multiculturalism." Diversity is good, yes: but like ali good things, it is possible to have too much of it in one place. The telling example of our time is Beirut. For a while the diversity of this city was beautiful and exciting, it was called the Paris of the Mediterranean by the Arab millionaires who flocked to it. But as it grew in population, and as the proportions of the disparate ethnic groups changed, peace vanished. Within the bounds of a single nation the mutual stresses of intolerant groups became too great.*
>
> *Popular anthropology came along with its dogma that all cultures are equally good, equally valuable. To say otherwise was to be narrowminded and prejudiced, to be guilty of the sin of ethnocentrism. In time, a sort of Marxist Hegelian dialectic took charge of our thinking: ethnocentrism was replaced by what*

"The only rational course of action for those in a full lifeboat is to refuse to take anyone else on board. It is the same with a nation."

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> *we can only call ethnofugalism – a romantic flight away from our own culture. That which was foreign and strange, particularly if persecuted, became the ideal. Black became beautiful, and prolonged bilingual education replaced naturalization....Idealistic religious groups, claiming loyalty to a higher power than the nation, openly shielded and transported illegal immigrants.*

If two cultures compete for the same bit of turf (environment), and if one of the populations increases faster than the other, then year by year the population that is reproducing faster will increasingly outnumber the slower one. If, "other things being equal," there are advantages to being numerous, then in time the slowly reproducing population will be displaced by the fast one. This is passive genocide. It may be that no one is ever killed, but the genes of one group replace the genes of the other. That's genocide.[10]

The Third World Population Explosion

While the size of the population in the economically developed world has approximately stabilized in the last quarter of the 20th century except for immigration, population growth remains high in the economically developing world of Latin America, Africa and much of Asia south of the Himalayas. Hardin believes that ways need to be found for halting this excessive increase. He does not accept the theory of many demographers that as people become more affluent they automatically control their fertility, and its implication that the economically developed nations should give more aid to the underdeveloped nations to bring about the required increase in affluence.

Hardin holds the contrary Malthusian view that economic and other forms of aid simply lead to more babies being born and surviving. Aid increases the size of the populations of third world countries so that they will need yet more aid in the future. For instance, Hardin states:

> *sending food to Ethiopia does more harm than good. Each year the production from Ethiopian land declines. The lands are used beyond their carrying capacity because there are far more people than renewable resources.*[11]

Hardin's prescription for this problem is for the first world nations to cease to give aid to third world countries and let them solve their own problems of adjusting their population size to the productive capacity of their lands. The only aid that the United States and other rich countries should give to the impoverished third world is information about birth control and contraceptives. Hardin is aware that some people will call the denial of aid to starving third world populations genocide, but he regards his prescription as being to the long term advantage of the third world countries. He writes:

> *If a country is poor and powerless because it already has too many children for its resources, it will become even poorer and more powerless if it breeds more.*[12]

Hardin regards the desire of many people in the United States and Europe to send aid to third world countries as what he calls "promiscuous altruism" and "short range compassion." Some of these people, he believes, are what he calls "ethnofugalists" who see virtue only in others and are the opposite of ethnocentrists who see virtue only in their own ethnic group.[13]

"Hardin does not offer any detailed advice ... on how to control the growth of their burgeoning populations, but he is clear that some form of compulsion will probably be necessary and is justified."

Hardin does not offer any detailed advice to governments of third world countries on how to control the growth of their burgeoning populations, but he is clear that some form of compulsion will probably be necessary and is justified. "Like it or not, the issue of coercion must be faced" he writes, and continues "the present generation has become pathologically sensitive to the word *'coercion'*."[14] He writes with approval of the Chinese population control policy in

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which women members of production teams have to seek permission to have a child. If they become pregnant after permission has been refused, they are required to have an abortion. Hardin gives his approval to the Chinese policy of allowing couples to have only one child and the imposition of financial sanctions on those who disregard it. His only regret is that the one child policy has not been working in rural China.[15] Evidently, the punishments for having more than one child have not been fully effective and, by implication, needed to be strengthened. He is critical of the American government for cutting off aid to China for the promotion of birth control when the widespread use of abortion became known.

Population Quality

Although Hardin's principal concern has been the growth of population numbers, he has also voiced concern about population quality and it is here that his writings have a eugenic dimension. He has criticized Paul Erlich's 1967 book *The Population Time Bomb* and the American organization Zero Population Growth (ZPG) on the grounds that Erlich and ZPG failed to take into account the issue of population quality. Erlich argued that the world population explosion was so serious that people in the United States and Europe had a duty not to have children as a contribution to reducing world population. Hardin argues that this would be dysgenic because the peoples of the first world are more intelligent than those in the third world. The proper solution to the world population explosion, Hardin argues, is for each country to stabilize its own population numbers.

Similarly, Hardin criticizes the Zero Population Growth movement because its message of the desirability of reducing the birth rate appeals largely to college graduates. If college graduates respond by having fewer children but nongraduates do not, the result will be dysgenic. Hardin says that:

> *To put it bluntly it would be better to encourage the breeding of more intelligent people rather than the less intelligent. ZPG's entire attraction has been among the college population. So, in effect, ZPG is encouraging college-educated people to have fewer children instead of encouraging reduced fertility among the less intelligent.*[16]

Hardin is aware that many economists dispute his claim that world population has already reached its optimum, but he castigates them for their failure to recognize the principles of limited natural resources, diseconomies of scale and the complexity of ecological systems which are easily destroyed by human exploitation. The thinking of economists who fail to recognize these principles, he asserts, is distorted by the Freudian process of denial, by which uncongenial realities are repressed into the unconscious mind.[17]

Garrett Hardin has received many honors. In 1973 he was elected to the American Academy of Arts and Sciences and in 1974 to the American Philosophical Society. In 1979 he was awarded the Margaret Sanger Award for his support for the wider provision of birth control and population limitation. In 1993 he was one of the recipients of the Phi Beta Kappa annual book prizes at which the chairman of the award committee described Hardin's *Living within Limits* as:

> *a trenchant, learned, passionate analysis of the most difficult problem that confronts mankind since the threat of nuclear annihilation has dwindled – the threat of an apparently inevitable human over-population of the earth.*[18]

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Immigration and Public Health

by Wayne Lutton

One of the areas where the United States and other Western nations progressed dramatically during the late 19th through 20th centuries was in the area of public health. Swamps were drained, sanitation and personal hygiene improved, vaccines were discovered. All of these contributed to the improvement of health to the point where, by the late 1970s and early 1980s, many once common diseases all but vanished from the United States.

Historically, the United States government enforced health standards for immigrants. Even today, under section 212 of the Immigration and Nationality Act (8 U.S. Code 1182), the Attorney General is not to admit aliens if they are afflicted with certain mental or physical conditions, any "dangerous contagious disease," or any defect, disease or disability that may affect their ability to earn a living. Public Health Service regulations include infectious leprosy, active tuberculosis, and venereal diseases among the dangerous infectious diseases disqualifying someone from migrating to the United States.

A turning point in the U. S. government's policy toward the entry of persons infected with contagious diseases came on March 15, 1980, when the Attorney General, acting on a request from the State Department to expedite the processing of Indochinese refugees, decided to lower the health qualifications for admitting designated refugees to our country. From this point on, refugees have been permitted to enter and settle in the United States who earlier would have been excluded, including people afflicted with active tuberculosis, mental retardation, and infectious leprosy. During the Clinton Administration, people carrying the deadly AIDS/HIV virus were permitted to legally enter the United States.

Mass immigration – a consequence of the 1965 Immigration Act (which opened the door to large-scale immigration from the Third World), the Refugee Act of 1980, and refusal by federal authorities to control illegal immigration – has contributed to a new threat to our nation's health. Diseases once practically eradicated are breaking out again. Tropical diseases, previously unheard of in the United States, but prevalent in Third World countries, are appearing. Medieval ailments are resurfacing. The immigration/disease relationship demolishes the claims that high immigration levels, with hundreds of thousands of people entering the U.S. uninspected every year, is entirely benign.

Warnings Unheeded

In recent years, health professionals have tried to alert government authorities and the general public about certain of the newly emergent health dangers. During the Reagan Administration, J. Michael McGinnis, deputy assistant secretary of the U. S. Department of Health and Human Services, warned of problems in the American Southwest originating in Mexico, "Along the border we have a prevalence of diseases that we shouldn't be seeing much of in modern Western society. We have higher rates of such things as malaria, tuberculosis, measles, rubella, rabies, and pertussis (whooping cough)." He added that physicians trained in the United States where such

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diseases are not prevalent, have difficulty recognizing them in new patients.[1]

The 1995 Ebola virus outbreak in Zaire drew new attention to the emergence of drug-resistant forms of tuberculosis, whooping cough, and pneumonia. Interviewed by *Fox Morning News*, Dr. Nils Daulaire of the U. S. Agency for International Development was asked if he was trying to sound an alarm here about infectious diseases? Dr. Daulaire replied,

> *Yes. There's a real serious issue that has gone unnoticed by a lot of people in this country, and that is that we are no longer secure as we were in the 1950s and '60s and '70s from the threats of these diseases. At that time we thought we had the problem basically licked. We had good vaccines, we had good antibiotics for a lot of the bacteria, tuberculosis was on a steep decline and we thought basically we could move out of the area of infectious diseases into things like heart disease and diabetes, the chronic diseases...*
>
> *We've had a very severe reminder over the last several years with the emergence of the Ebola, with tuberculosis spreading rampant in much of the Third World and in inner cities in the U.S. and with the development of antibiotic resistance.*

Asked the cause of these developments, Dr. Daulaire, continued:

> *First of all, as human populations expand and move into areas of tropical rain forest, which are the most biologically diverse areas on earth, we're having face-to-face contact between species that really haven't had contact or significant contact before. And so we're getting increased spread of new pathogens, new microbes that haven't been in the human population, like Ebola ... And they are being brought out in developing countries, in places where populations are growing tremendously. And then, and this is the part that is particularly worrisome for the U.S., there's no place in the world anymore that's more than 24 hours travel from any port of entry in the U.S., so these things can move very quickly to the U.S. where they pose a real risk.*

Fox News: "Some people say, 'Oh, come on, these are Third World problems. We don't have to worry about that...it can't happen here."

Dr. Daulaire: "Well, that was true a hundred years ago, it was probably even true 40 years ago. But with the amount of travel and international commerce that takes place now, in fact, one-third of the tuberculosis in the U. S. is foreign-born, so there's a lot of importation."[2]

The National Science and Technology Council (NSTC) issued a report in September 1995, *Infectious Disease — A Global Health Threat,* which spurred demands for a new national public health policy for dealing with ominous threats of emerging and reemerging infections. This prompted the White House to convene a Committee on International Science, Engineering, and Technology (CISET), chaired by then Vice President Al Gore. CISET issued their own report, which confirmed that HIV (AIDS), the periodic outbreaks of new and reemerging infections, and the realities of drug-resistant tuberculosis and of many nosocomial infections, are irrefutable confirmation of those threats.

Why, the CISET report asked, "are infectious diseases reemerging as major threats to human health?" Answers included population growth, unprecedented travel, and other movements of population (migration and immigration). Both CISET and NSTC concluded that high among the needed responses was global surveillance and security against infection, requiring closer scrutiny of "persons, animals or material" traversing our borders.[3]

In late 1996, the *Journal of the American Medical Association* again warned that the United States was "importing tropical illnesses." The publication cited remarks made by Om Sharma, M.D., professor of medicine at the University of California, Los Angeles, School of Medicine, to attendees of the annual meeting of the American College of Chest Physicians. *JAMA* reported, "like vagabonds hopping the next freight train, infectious diseases once confined to the tropics and subtropics are traveling the globe via tourists, business travelers, and immigrants." Dr. Sharma noted that disease killers accompanied by respiratory symptoms can turn up anywhere in the world. Among them are malaria, paragonimiasis (often

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mistaken for TB), and schistomiasis (often found in patients with lung disease and associated liver or urinary tract disease).[4]

Marsha Goldsmith, writing in *JAMA* in 1998, cautioned,

> *Travel is broadening. Unfortunately, it may also be diarrhetic, emetic, toxic ... that is to say, a vehicle for exposing the body to unfamiliar ills even as it opens up new vistas for the mind.*

She went on to observe that physicians in the U.S. and other developed countries

> *are finding their diagnostic acumen challenged by diseases that have disappeared from, or were never common in, the places where they practice. ...Medical professionals in North America and Europe are also encountering patients who visit or migrate from their native countries, sometimes leaving behind everything but their endemic illnesses.*[5]

Diseases Cross U. S. Open Borders

Alarms raised by health care and national security professionals have not led to the policy changes required to secure our country from foreign threats. There are 301 official air, land, and sea ports of entry into the U.S. On a typical day, over 1.1 million passengers enter, over 57,000 trucks and containers and 323,622 other motor vehicles are processed, 580 vessels hove into ports, and 2,459 aircraft land.[6] The Division of Global Migration & Quarantine of the federal National Center for Infectious Diseases currently has a staff of 39 employees in the field and 42 at its Atlanta-based headquarters administration. Field officers have the power to detain, medically examine, or conditionally release individuals and wildlife suspected of carrying an infectious disease. But with examiners stationed at barely one-tenth of our ports of entry, it is clear that the federal government has all but abandoned any pretense of properly screening overseas visitors, immigrants, and refugees.

Overseas screening of visitors, immigrants, and refugees is likewise inadequate. In a system rife with fraud, prospective entrants to the U.S. submit certification of health. Inspections by visa officials and at U. S. ports of entry are cursory, often taking less than 5 seconds. These procedures are rarely able to detect foreigners carrying contagious diseases and parasitic infections, nor identify persons with other personal problems, such as mental illness, mental retardation, alcohol and drug addiction, and many other major health problems, including heart and kidney disease, diabetes, and cancer.

What are some of the contagious diseases – a number long thought to have been eradicated, or never before seen in the United States? The troubling list includes:

TUBERCULOSIS

Tuberculosis reemerged in the United States in the late 1980s, carried by immigrants and refugees from Third World countries. Once dubbed the "white plague," TB was the leading cause of death for young adults in the early part of the 20th century. By the 1970s, many experts thought TB was conquered in the United States, even as it remained a major health problem in Third World countries. The steady decline in the incidence of TB in the U.S., from 101.5 cases per 100,000 people to 18.3 in 1970, came to a halt in the mid-1980s.

By the early 1990s, public health officials were issuing new warnings about the danger of resurgent TB. Representative of the reporting on this issue was a story in the *Chicago Tribune*, "TB Makes A Deadly Comeback," Feb. 20, 1992. The newspaper revealed that "the number of new cases has risen steadily. ...Illinois has the fifth-highest number of drug-resistant cases, among the 13 states where these forms of the disease have been diagnosed." John Kuharik, head of Chicago's TB program, declared, "We are looking at the possibility of an explosive outbreak if the people who have the drug-resistant strains are not treated and infect other people."

In 1993, the Centers for Disease Control revealed that TB was tied to immigration, with 53 percent of the new cases in the United States centered in four states that are magnets for immigrants – California, New York, Texas, and Florida. The highest number of reported TB cases was in California, with 61 percent of them among the foreign born. Dr. Sarah Royce, chief of the TB control branch of the California Department of Health Services, emphasized, "Anybody can catch tuberculosis. It's an airborne

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infection, and any person untreated can spread it to others. It's something everybody needs to be concerned about. It's totally preventable. We need better screening." CDC officials noted that TB statistics represent only reported cases. They don't know how many illegal aliens may be carrying and spreading the disease.[7]

By 1995, the number of foreigners living in the U.S. with TB rose 55 percent from 1986, as a growing number of infected immigrants entered the country, the CDC reported. Most were people from Mexico, the Philippines, and Vietnam. Dr. Patrick Zuber of the CDC's Division of Tuberculosis Elimination admitted that people entering the country, as non-residents were not required to be tested for TB before obtaining a visa to enter the U.S. "We would like to find a way to more effectively identify persons who enter the U.S. with tuberculosis. We may have to re-evaluate the criteria of inclusion for persons who have to be screened."[8]

Despite concerns expressed by public health officials, TB continued to rise among foreign-born persons living in the U.S. In 2000, CDC revealed, "Immigration is a major force sustaining the incidence of tuberculosis in the United States." Six states (California, New York, Texas, Florida, New Jersey, Illinois) reported 73.4 percent of the foreign-born cases. Approximately two-thirds of these cases were originally from Mexico, the Philippines, Vietnam, India, China, Haiti, and South Korea.[9]

Many immigrants do not know they are infected when they enter the U.S. Others come here for the purpose of obtaining treatment at American taxpayers expense. The prevalence of TB in the countries from which most immigrants to the U. S. originate is 10 to 30 times greater than in this country.[10] A study conducted by health officials along the Texas-Mexico border discovered that among the 17,651 illegal aliens apprehended in the Port Isabel, Texas region in 1999, 49 percent tested positive for the TB bacterium. The rate of full-blown tuberculosis in the lower Rio Grande Valley is triple the national average, according to the U. S. Public Health Service in Port Isabel.[11] On average, a person with active TB infects 20 others annually.[12] At the high end, a boy adopted from the Marshall Islands infected 56 persons in a small North Dakota town.[13] Lax screening of legal immigrants and refusal to halt illegal immigration triggered the return of this deadly disease.

HIV/AIDS

HIV/AIDS is a deadly virus that originated in Africa and spread throughout the Caribbean (especially Haiti), Latin America, and parts of Asia. Immigrants and illegal aliens from these areas have helped circulate the disease. In 1992, U.S. Surgeon General Antonia Novello confirmed that Hispanics, then 8 percent of the U.S. population, accounted for more than 16 percent of reported AIDS cases.[14]

"Despite concerns expressed by public health officials, TB continued to rise among foreign-born persons living in the U.S."

Ten years later, George Lemp, director of the AIDS Research Program at the University of California, said that a study of men aged 18-29 years old indicated that young Hispanic men in the border area of San Diego and Tijuana, Mexico, have AIDS/HIV infection rates three to four times higher than the rates in other California cities (18.5 percent in Tijuana and 35 percent in San Diego). Nationwide, Hispanics represented 13 percent of the U.S. population in 2000, but accounted for 19 percent of the total number of new reported AIDS cases (many cases go unreported). Overall, the AIDS incidence rate per 100,000 persons was 22.5 among Hispanics, more than 3 times the rate for Whites (at 6.6), but lower than the rate for Africans living in America and American Blacks (58.1).[15] In Minnesota, where African "refugees" and new immigrants have been settling, Africans drove up the state's HIV rate by 6 percent in 2002. African immigrants make up less than 1 percent of Minnesota's population, but account for 20 percent of new HIV infections.[16]

CHOLERA

Cholera is a communicable disease that re-emerged in South America in the early 1990s and

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entered the United States by Latino migrants. It usually comes from drinking, bathing or washing with water contaminated by fecal matter. Eric Niiler, in *Scientific American,* reported, "In addition to exposing themselves, the migrants (from central and southern Mexico), may be exposing others – in the fields, factories and restaurants where they find work. The Centers for Disease Control and Prevention found that California has twice the rate of infections of two food-borne pathogens associated with human sewage – campylobacter and shigella – of another other state tested."[17]

Measles

Measles is a disease that, in 1999, the Centers for Disease Control stated "has been all but stamped out in the United States." Virtually all of the new cases were brought into the country by immigrants (legal and illegal). "If we didn't have importation, we wouldn't have measles," said Dr. Mark Papania, the then acting chief of measles elimination at CDC.[18]

Rubella

Rubella (German measles) is another once-common disease that vaccinations practically eliminated among Americans. There have been fresh outbreaks of this disease in Texas, New York, and Connecticut (among other states), spread by Hispanic immigrants. It is especially dangerous to pregnant women, who can have miscarriages, or deliver children subject to deafness, blindness, heart disease, and brain damage.[19]

Hepatitis

Hepatitis A is a highly contagious virus that affects the liver. The virus is transmitted through unclean food and water and can be spread by infected food handlers and processors. On the U.S. side of the Texas-Mexican border, and in California, the disease rate is two to three times the national average.[20]

Hepatitis B is endemic in many parts of Asia and the Pacific Islands. The foreign born account for 40-60 percent of all cases found in the United States. Asians constitute 4 percent of our population, but they account for more than 50 percent of the Hepatitis B cases in the U. S. The Hepatitis B rate is about 70 percent greater for Asians than the percentages for Whites and Hispanics, and 14 times greater than for American Blacks. Up to a quarter of them will eventually die from liver failure or liver cancer.[21]

Malaria

Malaria was eradicated in the United States by the early 20th Century. In the mid-1990s it re-emerged as a serious health problem, with new cases springing up from Texas to New York and New Jersey. The New York metropolitan cases were the first in more than four decades. "Nearly all those cases have involved *vivax* parasites carried by Mexican and Central American immigrants," according to Dr. Anne Barber of the CDC malaria branch.[22] In 1995, mosquito-transmitted malaria was discovered in Michigan. The CDC noted that sources of mosquito infection include imported cases of malaria in Michigan, and unrecognized or unreported cases among immigrants, migrant workers, and travelers from malaria-endemic countries.[23]

West Nile Virus

West Nile Virus was discovered in the African country of Uganda in 1937. It made its first appearance in the United States in 1999, when 8,200 people residing in the New York metropolitan area (most of them foreign born) came down with West Nile encephalitis.[24] The virus is carried by birds and transmitted to humans via mosquitoes. It is thought that humans can carry this disease. West Nile virus has spread from New York to other parts of the East Coast, with the first death from the disease in Georgia reported in the fall of 2001. Health officials expect it to spread throughout the Southwest and on into Mexico and Central America.[25]

Dengue Fever

Dengue fever, a potentially deadly, mosquito-borne disease, began appearing in the United States along the U. S.-Mexican border in the mid-1990s. Dengue, also known as Break Bone Fever, causes fever, bone pain, exhaustion and nausea. Hemorrhagic dengue fever causes bleeding from the nose and gums, and internal bleeding. The Pan American Health Organization reports that it is widespread in Brazil, Costa Rica, the Dominican Republic, El Salvador, Honduras, Nicaragua, Panama, Venezuela, and Mexico. The first cases in the Americas were detected in 1991 in Cuba.[26]

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LEPROSY

Leprosy is a Biblical disease often spread by coughing, as the bacteria pass through the respiratory droplets of an infected person. Untreated infections can lead to serious complications, including the loss of toes or limbs. Forty years ago the U. S. had 900 reported cases. In February 2003, health officials said there are more than 7,000 people living in America who have leprosy and health officials have declared it now endemic to the Northeastern United States for the first time in our nation's history. Most of those infected in the U. S. are immigrants from such global leprosy hot spots as Brazil, the Caribbean, and India. Officials in New York have encountered cases of leprosy from people who have contracted the disease in the United States.[27]

SARS

Severe Acute Respiratory Syndrome (SARS) is a deadly, pneumonia-like ailment imported to the United States from China and Hong Kong in early 2003. It is easily spread, and U.S. healthcare workers have contracted SARS through patient contact. In one of the first cases of the disease reported outside of Mainland China, a doctor who caught the illness in a Guangdong hospital traveled to Hong Kong in mid-February 2003. Within a short time, people staying or visiting on the same floor of a hotel where he was staying contracted SARS. In turn, they carried the disease to Vietnam, Singapore, and Canada.[28]

Costs to American Taxpayers

Exposure to imported illnesses not only endangers Americans' physical well-being, it costs taxpayers billions of dollars. Additionally, funds diverted to cover the medical expenses of foreigners, are leading to severe cutbacks in services available to U. S. citizens in areas enduring especially high rates of immigration.

The total dollar costs for health services provided to foreigners nationwide is not available. Rice University economist, Professor Donald Huddle, calculated the 1996 cost of Medicaid for legal and illegal immigrants to be a net $14.5 billion. Legal immigrants are estimated to account for more than 80 percent of the net cost of Supplemental Security Income (SSI), which pays for disability and medical conditions not covered by Medicaid.

Public records give an indication of what mass immigration is costing the American health care network. Data from states with large foreign-born populations include:

CALIFORNIA

Over the past decade, medical costs associated with the care of aliens have skyrocketed. In 1993, San Diego County reported that two-thirds of its funds for emergency medical services for the poor was going to pay for the care of illegal aliens and foreign citizens.

During fiscal years 1997-1998, California spent $84 million on prenatal care for 70,000 female illegal aliens. Mexican-born women accounted for 57 percent of births to Hispanic women in 1995.

By March 2003, Los Angeles County's public health care system was teetering on the edge of collapse and local officials said there is little they can do without a massive injection of federal funds. The $3 billion department was forced to slash services to residents, including the shutting down of public health clinics and a nationally respected rehabilitation hospital. Uninsured patients, whose care is covered by local taxpayers, have bankrupted the system. Although California officials are reluctant to discuss it publicly, recent immigrants, including hundreds of thousands of illegal aliens, play the decisive role in the county's crisis.[29]

ARIZONA

Half the patients obtaining services at Arizona hospital emergency rooms are not paying for their care, forcing hospitals to slash services. A majority of the non-paying patients are illegal aliens, Sen. John Kyl said in January 2002. The American Hospital Association estimated that in 2000, the 24 southernmost counties accrued $832 million in unpaid medical care, a quarter directly attributable to illegal immigrants.

The *New York Times* reported that "the financial pressures are spreading north into larger cities, pushing the overall unpaid bills well into the billions of dollars and straining a health care system already stretched thin by rising numbers of the uninsured. Officials at hospitals throughout the Southwest say they are treating more illegal immigrants every year."

Dr. Michael Christopher, director of emergency medical services at St. Joseph's Hospital in Phoenix,

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said Internet websites widely-known in Mexico tell Mexicans how to claim care at American hospitals and include maps on how to get to them.

Maricopa County Hospital has uncompensated health care losses approaching $100 million annually. In 2001, the five major medical providers in the county amassed $318 million in uncompensated services. Other services are being reduced, with the wait for intensive care beds often lasting several days and some emergency room patients forced to wait 24 hours or more to see a doctor. Plans to upgrade equipment have been delayed.[30]

FLORIDA

Foreign nationals who seek emergency and long-term care in Florida hospitals have created a crisis in Central and South Florida. The Florida Hospital Association reported in January of 2003 a steady rise in the numbers of illegal aliens and uninsured foreign visitors who show up at emergency rooms with serious illnesses requiring weeks or months of hospitalization without funds or insurance to cover medical bills. While hospitals throughout the state are affected, the problem is acute in Central and South Florida, areas with Florida's highest concentrations of foreign nationals. The FHA suggests that some foreign nationals travel to the United States on legal tourist visas for the purpose of obtaining medical care at American hospitals, since they know that federal law mandates that hospitals provide emergency room and natal care for all who come. The FHA report stated, "Noncitizens or their children with severe diseases obtain tourist visas, either legally or illegally, and take taxis directly from airports to hospital emergency rooms."

Just one illegal alien involved in a car accident, Guatemalan native Luis Jimenez, incurred $2 million in bills at Martin Memorial Medical Center over the past 2½ years. Neither Jimenez, his American employers, or the government of Guatemala has reimbursed the medical facility. After a long fight with Florida Legal Services, dubbed "an immigrant advocacy group," Martin County Circuit Judge John Fennelly agreed that the hospital could fly the illegal alien back to his homeland where he could rejoin his family. Jackson Memorial Hospital spokeswoman Conchita Ruiz-Topinka said that his ruling "recognizes the hospitals' right to repatriate these patients and relieve themselves of the burden of taking care of patients from other countries with no means. It also puts countries on notice that there are certain expectations that they have to meet and take these folks back."

Earlier this year the Florida Hospital Association reported that a major problem facing hospitals is lack of cooperation from foreign governments for the care of their citizens at U.S. medical facilities. The Association recommended that foreign countries be required to accept medical transfers of their citizens. The Bush Administration has indicated no interest in addressing this issue.[31]

NEW YORK

In 1989, the New York City budget for TB was $2 million. By 1999, with the immigrant-driven resurgence of TB rates, the budget rose to $50 million. During 1997, NYC hospitals provided $1.2 billion in health care to immigrants who could not pay.[32]

IMMIGRATION AND THE HEALTH INSURANCE CRISIS

Mass immigration is contributing to the ranks of the uninsured. According to a study prepared by the Center for Immigration Studies, immigrants who arrived between 1994 and 1998 and their children accounted for 59 percent of the growth in the size of the uninsured population since 1993 (2.7 million persons). Nearly a third of persons living in immigrant households lacked health insurance, more than twice the 13.9 percent of native citizens. The refusal of federal officials to reduce immigration levels has made it much more difficult to reduce the size of the uninsured population.[33]

MANDATING INTERPRETERS

The Office of Civil Rights in the U.S. Department of Health & Human Services ruled that physicians, who receive federal payments, including Medicaid reimbursement for low-income patients, must provide at their own expense a trained clinical interpreter for all their limited-English proficiency patients, regardless of whether the patient is covered by insurance. The Clinton Administration designated people with limited English proficiency a protected group under antidiscrimination law. The mandate does not provide funds to doctors to pay for interpreter services. With an estimated 21.3 million people

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speaking English "less than very well," according to 2000 Census data, up from 13.9 million in 1990. Translation services cost $30 to $400 per hour and the total costs for such services is staggering.[34]

MEDICARE FRAUD

States across the country report that their Medicaid/Medicare support systems have reached the disaster level, with massive budget shortfalls projected for years to come. The budget crises come not only from the cost of spending hundreds of millions of dollars on patients who are foreign nationals. The system is rife with fraud perpetrated by foreigners operating in the United States.

For example, in September 2003, Surinder Singh Panshi, a Pakistani, was sentenced to 16 years in state prison for using Southern California clinical laboratories to cheat the Medi-Cal program out of an estimated $20 million. Labs controlled by Panshi ran a black market for blood and stole the identities of patients and doctors. They billed Medi-Cal for thousands of false tests sometimes performed on blood drawn on unsuspecting patients or purchased from runaway children, the homeless, and drug addicts. The California Attorney General's Bureau of Medi-Cal Fraud reports that Medi-Cal fraud is a multi-billion dollar problem and is responsible for a huge chunk of the state budget deficit.[35]

In Arizona, the state Department of Health and Human Services uncovered an elaborate Medicare fraud that netted over $15 million. Twenty defendants, most of them Nigerian nationals, pled guilty. Nigerians set up more than two-dozen stores in Arizona and other states dealing in prescription medical supplies, such as wheelchairs, hospital beds, and diet supplements. Going under the name Dona Medical Distributors Inc., they fraudulently secured patient names and manufactured false documents, and then billed Medicare for supplies that were either not delivered or were grossly overpriced. Doctors' signatures were forged thousands of times, and a nurse was hired to create false medical histories.[36]

In Miami Federal Court, Alfredo Omar Rodriguez pled guilty to masterminding a $20 million Medicare fraud, one of the largest scams in South Florida history. Rodriquez controlled 18 shell corporations that billed health providers for unnecessary or excessive knee braces, charging over $1,200 apiece. Rodriguez attempted to move cars, yachts and other assets to Costa Rica before authorities arrested him and over 20 other accomplices.[37]

The cases cited here are just the tip of the iceberg. Federal and state authorities are understaffed and often stumble across cases long after millions of dollars have been stolen. As one Nigerian criminal remarked, "I love Americans...they are so trusting!"

Recommendations

The importation of new diseases and escalating costs incurred by legal and illegal immigrants is compelling evidence that the United States should take effective measures to sharply reduce legal immigration, halt illegal immigration to the greatest extent possible, and expel the estimated population of 8 to 11 million illegal aliens residing in our country.

- Health inspectors should be on duty at all ports of entry. People exhibiting signs of illness should be detained for further examination.
- Visas should not be issued without proof of insurance.
- The federal government should seek reimbursement from foreign countries for the uninsured medical bills of their citizens.
- The Citizen-Child loophole which grants citizenship status to the American-born children of non-citizens (and thus access to a host of benefits, including education and health care) should be closed.

Americans have worked hard since the founding of this nation to provide a clean, safe environment for themselves and their families. All of that progress is being threatened because federal officials refuse to curtail mass immigration. Unless swift action is taken, the United States is in danger of experiencing a public health calamity. ■

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The Patient Predator

TB is back thanks to globalization and slipshod treatment, deadlier than ever

by Kevin Patterson

The creature arrived in the Arctic as it had spread itself around the world. It lay dormant in the lungs of someone apparently healthy enough to undertake such a journey, and then, when he was weakened, perhaps by hunger, or cold, or simple loneliness, it revived itself explosively. The sailor, or the missionary, or the trader found himself coughing paroxysmally and febrile, in some little igloo or tent, the bacterium streaming through his blood, to all his organs, and then a local Inuk had the misfortune to enter the shelter and leave. In Arviat, one of the Inuit communities that hug the shore of Hudson Bay, lives a woman whom I will call Therese Oopik, who carries the descendants of the creature within her. I visit Arviat in my work as an internist and she is my patient. We have been acquainted for a decade. Mostly we have had quiet conversations about contraception and bladder infections; these days we talk about this infection that seems likely to claim her.

She was beautiful when I first knew her, with a full-faced smile and glowing from the cold, but for two years now she has lost weight steadily and she looks as emaciated as a New York City fashion model. We joke about this. When I next visit there, she suggests, I might find a job for her.

Arviat is populated by 1,800 people, almost all Inuit, and it clings to the low rocks that stretch into the Arctic water like a collection of brightly painted aluminum-sided mollusks. The wind scours this place. Everyone knows everyone else and most of their problems. There have been episodic outbreaks of tuberculosis here, as in all the little communities in this part of the Canadian Arctic, ever since that first coughing sailor or missionary arrived. Tuberculosis has smoldered on notwithstanding the advent of antibiotics. The disease is primarily an expression of poverty and its consequences, especially overcrowding, and in the Arctic, these are usual. Latent infection endures in almost everyone older than 40. It revives itself regularly and seeps through the community; by the time a new outbreak is recognized there are usually dozens of new infections, some apparent, most already gone dormant.

Therese is 27 and does not know from whom she caught her illness. There are nearly as many possibilities as there are people around her. Half her left lung is taken up by a giant cavity full of the organism. Every time her sputum has been analyzed in the last two years, it has been found to be packed with the little rods of Mycobacterium tuberculosis that stain crimson when examined under the microscope. She coughs constantly and is so thin she is cold even inside, wrapped in blankets. After months of unsuccessful treatment in Arviat, she spent much of last winter in a hospital in southern Canada, but she continued to lose weight steadily. Her sputa remain resolutely positive. Finally, she insisted on going home, to her children, and to the tundra.

The bacteria inside the cavity in her lung are walled off by the surrounding scar tissue; blood does not flow there, and so antibiotics and the two arms of the immune system, white blood cells and antibodies, do not reach it. Therese's grandmother and many of the elders around her carry great scars across their chests from thoracoplasties, an operation to collapse such cavities. After World War II, with the

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development of effective antibiotics, chest surgeons were thrown out of work en masse (only to have their futures brightened anew by the rise in cigarette smoking and consequent lung cancers), and many experienced thoracic surgeons in the developed world today have never had to operate on a tuberculous lung. This is an astonishing and improbable state of affairs, really: Chest surgery was born of tuberculosis, and occupied itself almost entirely with the disease until 50 years ago. A chest surgeon then would not have believed TB could disappear for good, so quickly. He would have been right.

Our discussion about removing Therese's affected lung has been consequently tentative, but in any case she does not want an operation, or anything at all that involves more time away from her hamlet.

She has the cachectic facies [tissue-wasting] of a painting of a Victorian consumptive, Munch's *Sick Child* perhaps. It is an uncomfortable feeling to find in her sickness the conventions of beauty-boniness and pallor. She is suspicious of doctors and nurses and takes her medication only episodically. People worry aloud about her children. This is a catastrophe in formation, a slow-moving freight train.

This catastrophe threatens to erupt on a vastly larger scale than Arviat, to involve the entirety of North America. For the past 12 years I've treated patients in TB hot zones such as the Arctic, the Pacific Islands, inner-city America. What I and others on the front lines have to report is that TB is migrating out of these geographically remote or economically isolated communities and into the mainstream.

Perhaps this shouldn't surprise us. Tuberculosis infection has been so prevalent that for most of human history it was an almost normal, if often lethal, part of the human bio-niche. Hippocrates deemed it the most widespread disease of his time, and almost always fatal. In 1680, John Bunyan called TB "the captain of all these men of death" and indeed, until the development of antibiotics, 1 in 2 people who contracted it died. Between 1850 and 1950 it killed 1 billion people. Modigliani died of tuberculous meningitis, infection of the lining of the brain. Keats, a former medical student, remarked famously on the bright red and foreboding color of his sputum. Chopin, Chekov, Emily Bronte, Robert Louis Stevenson, Orwell, Kafka, Vivien Leigh: all claimed by TB. Then, for a mere 50 anomalous years, the disease ebbed and a lingering cough was no longer cause for immediate terror.

Once antibiotics were mass-produced in the late 1940s, First World transmission rates fell steadily; when latent infections reemerged, they were usually caught and cured. Such hidden reservoirs of TB dwindled as those infected either aged and died of other causes, or were identified through positive skin tests and treated. By the early 1970s, the problem was seen as past, and U.S. public-health authorities charged with monitoring and treating residual outbreaks began losing their funding. Surveillance for TB became more lax, supervision of therapy more haphazard.

"Unless Americans are willing to adopt suffocatingly draconian immigration policies, the likelihood is that with globalization TB will again become epidemic here, in the same way that HIV moved from Africa to take root throughout the world."

Such slipshod treatment has led not only to new infections but, more terrifyingly, to the emergence of multidrug-resistant TB strains, or MDR-TB, which a recent Harvard study called "Ebola with wings," and is now found in the United States and more than 100 other countries.

Several other events have acted to reignite the old problem known as phthisis, consumption, or the white plague (named for the pallor it causes). Just as public health spending on TB was declining, immigration from areas where the disease has never been much beaten back – from Asia, Africa, and especially from Russia – steadily rose. Despite a decade-long effort mounted by the World Health Organization, the global

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rate of TB continues to climb about 3 percent a year. Currently, then, 8 million people worldwide fall ill with the disease each year and, because only a quarter receive effective treatment, 3 million die. Furthermore, a third of the world's population – another 2 billion people – carry latent infection, each of whom has about a 10 percent chance of it activating in their lifetime. When TB does activate, it does so insidiously, often simply as a persistent but infectious cough, and on average, an active case will infect 20 other people before it is identified and treated.

Unless Americans are willing to adopt suffocatingly draconian immigration policies, the likelihood is that with globalization TB will again become epidemic here, in the same way that HIV moved from Africa to take root throughout the world. Suffering does not localize. When we engage with the world, we engage, inescapably and absolutely, with the world's infections. And the most devastating infection in the world is not Ebola or Lyme disease, West Nile virus or even HIV, but tuberculosis.

Mycobacterium tuberculosis is descended from similar organisms that have inhabited cattle for eons. About 8,000 years ago the organism spread to humans. It has since adapted to us, tweaking its genetic arrangement to optimize its capacity to spread and persist.

Its virulence is largely a consequence of the thick, waxy cell wall that surrounds the organism like a rind, making it substantially resistant to the immune system. When the organism is inhaled, it lodges in the alveoli of the lungs, the little air sacs that exchange oxygen for carbon dioxide within the blood. When the immune system identifies the presence of this foreign protein, it recruits white blood cells called macrophages ("big eaters" from the Greek; one pictures a pie-- eating contest) to engulf and bathe the invader with toxic chemicals. Despite the macrophages' defenses, the creature, because of its thick rind, often survives and slowly replicates itself until each macrophage is so full of tuberculosis bacteria that the cell bursts and dies. The organisms drift on, to be engulfed in turn. Most of the time an equilibrium is attained, nearly as many tuberculosis bacteria are killed as survive, and the spread of the creature is checked. This is the latent phase, and it can go on for decades until for some reason, or no obvious reason at all, the balance is tipped.

The balance might tip because the immune system is weakened by stress, or by pregnancy, or by another infection (especially HIV), or by starvation, or simply by age. In any case, when it does, the bacteria overwhelm the immune system. They begin to fill the adjacent alveoli and block the exchange of oxygen and carbon dioxide. The patient becomes short of breath. The immune system's efforts to fight off the infection inflame the walls of the lung, which come to bleed easily. The patient develops a fever, and she notices streaks of blood in her sputum. Initially, as Keats knew, this blood will be dark red and venous; later, as infection erodes its way into arteries, it becomes bright crimson. If the affected artery is a large one, this may be what is called, chillingly, a "pre-terminal" event. Katherine Mansfield expired in a great geyser this way.

One of the great calamities for all mankind, tuberculosis was simply the worst thing that ever happened to the Inuit, and to indigenous Americans more generally. Nobody knows why it has been so prevalent among them. There are many possible explanations: the small, crowded snow and skin dwellings they lived in; the lung diseases caused by the smoky seal-blubber lamps they lit the igloos with; a genetic vulnerability; and, most persuasively, the chronic, recurrent famine that always lurked on the edge of the ice floes. The Inuit called it puvaluq, or bad lung, and once introduced by Europeans it infected most of the Inuit in the Arctic. Across the continent it killed many thousands – perhaps millions – more Native Americans, largely clearing the Great Plains; when settlers spread across them in the mid-1800s, they often commented on the wide-open and fertile grasslands, uninterrupted by signs of human habitation. But for the creature, the land would have been as it had been only a few years earlier – alive with children and hunters and women growing corn.

The small desperate bands of remaining Plains Indians were herded into crowded reservations that accelerated the contagion process already well under way. In Kivalliq, where I work, the Inuit were compelled by the Canadian government in the early '50s to move into the dismal little settlements it had erected on the shore of Hudson Bay, largely to facilitate attempts to control the infection. Throughout the '50s and '60s, ships with mobile X-ray units

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visited every summer, and those found to have active disease were evacuated to sanatoriums in the south. Children later returned to their barely remembered parents were often unable even to speak to them, their language lost in the land of drive-in movies. By the late 1960s, the last of the nomadic hunting families had come in off the ice and settled in the clapboard houses provided them by the government, there to begin the cycle of acculturation that continues today.

In the hamlets of Coral Harbour and Arviat, there are now active epidemics. Five years ago it was in Repulse Bay, a few years before that, Chesterfield Inlet. The Inuit's historic exposure rate to TB was so high that it can be expected to recur reliably for decades to come. TB remains endemic among most Native Americans, with an annual incidence that in 1987, for example, was 400 times higher than among urban Caucasians. Not that resources haven't been thrown at the problem – in Kivalliq the annual spending per capita on health approaches $15,000.

"Pools of prevalent tuberculosis infection surround North America from every side, including the islands of the Pacific Ocean, the American possessions of Saipan, Guam, and Samoa among them."

But tuberculosis isn't like other communicable diseases that can be cured with a few doses of inexpensive and safe medicine. Like a storm forming from the coalescence of several weather systems, TB is the perfect pathogen in many respects: It has long latent asymptomatic phases, allowing it to dwell on in populations; it is spread invisibly, in the air, so infection-control measures like hand washing have no effect on transmission; and when it takes hold it erodes every single organ system. And its perfection is preserved most of all by its ability to shrug off our medicines within a few decades of their development.

Pools of prevalent tuberculosis infection surround North America from every side, including the islands of the Pacific Ocean, the American possessions of Saipan, Guam, and Samoa among them. The problems of poverty and crowding among the Inuit are echoed on these islands; the only real difference is the temperature, but this ceases to matter to the infected – as the disease progresses, one feels as if on fire wherever one is.

Two winters ago I spent three months working in Saipan, the largest of the Northern Mariana Islands, which rises out of the deepest water on the planet as a long and verdant mountainous ridge. Most people in Saipan live close to the sea, descendants of ancient mariners who undertook thousand-mile-long open-water passages in outrigger canoes, without compasses or maps, as we understand them. A kind of poverty exists there today that did not when the people were less wealthy. The island is more crowded than it ever has been, and rests uneasily between an Asian and an American sensibility. It has the diseases of both existences and the cultural stability of neither – the perfect picture of globalization.

The Marianas are remnants of the Pacific empire that America won from Japan and are now a commonwealth of the United States, like Puerto Rico; those born here are American citizens. Most of the people who live in Saipan are not, however, but rather come here as contract workers for the garment industries on the island, which value the combination of "Made in the USA" labels and cheap labor. The workers migrate north from the Marshall Islands, and west from China, Thailand, and Bangladesh.

Saipan's TB clinic processes a steady stream of arrivals found to have shadows on their mandatory screening chest X-ray. Legal workers are motivated to comply with their therapy – if not, they are sent home expeditiously. But illegal workers represent a thornier ethical and political problem – as they do throughout the developed world – and one of the principal obstacles to controlling TB. For wherever there is suspicion between public-health authorities (the term itself is illuminating) and the infected, TB thrives. Illegal workers, migrants, intravenous drug users, all of whom dwell in the various demimondes of a fractured society, are among the most likely to be

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infected by TB. And dwellers of any demimonde recoil instinctively from a stranger's knock on the door. This is a survival skill.

Among Saipan's indigenous Chamorro – much wealthier and U.S. citizens – TB also endures and flares periodically, not yielding much over time to the efforts of Artin Mahmoudi, who ran the TB clinic. Dr. Mahmoudi examined the DNA from TB strains he obtained from the Chamorro and the migrant workers. Despite the widely held prejudice against the migrants, he found that, for the most part, the TB found among the Chamorro is not acquired from them, but from latent infections that have activated. There is enormous potential here for new strains of TB to burst out of the peeling-paint dormitories that house the migrants. But this has not occurred. Yet. In the meantime, Mahmoudi holds his breath. And wrestles with that dragon, not yet loose.

Mahmoudi is Baha'i, originally from Iran; three family members were killed following the overthrow of the Shah. He is a handsome and graciously mannered man; his personality dominated the hospital on Saipan. This comes across as high-handedness to some. An acquaintance once told me, before I'd met Mahmoudi, "You do have to spend a fair amount of time telling him how smart he is." It was clear to me, however, that he elevated the standard of Saipan's medical care far beyond what it otherwise would have been.

His desk, in the office he shared with three other internists, all crowded together just like in a college-dorm study center, was littered with books on the history of TB and CDC reports on new resistant strains. His faith makes him suited for his task; he is part zealot, part missionary. His is the sort of effort that could change the picture of transmission worldwide, but there are no other Mahmoudis anywhere close to here. Elsewhere, in the Marshalls, for instance, TB is simply an observed and not much discussed fact. People cough, they sweat, they die.

Such indifference is a measure of the disease's intractability. The first effective anti-TB drug, streptomycin, came into use in 1948. By 1950, resistant strains were commonly observed. Other antibiotics were developed in rapid succession, but TB proved fully capable of becoming resistant to any of these agents, and quickly. A strategy was devised to bombard a patient with four drugs simultaneously and then to continue therapy for six months with at least two drugs that the patient shows no resistance to. All such drugs can have debilitating side effects, including color blindness, numbness, deafness. It's easy to imagine why an Inuit hunter would eschew treatment, why anyone would. In practice, people take the medication reliably as long as they feel unwell, and when they feel better they stop.

Ideally, then, the drugs are administered by a health professional, and their ingestion witnessed. When this approach – called Directly Observed Therapy, Short Course, or DOTS – is used, resistance is dramatically lessened. But when treatment is sporadic, when DOTS therapy isn't pursued until completion-and this is common, even in the United States-resistance becomes inevitable.

The facility with which Mycobacterium tuberculosis develops resistance surpasses that of nearly any other organism; it is one of its defining characteristics. When TB becomes resistant to multiple drugs, the cure rate, even under the best circumstances, falls from 98 percent to 60 to 70 percent. In the Third World, treatment of MDR-TB is so expensive – up to $10,000 per person – and difficult to deliver that the World Health Organization recommends that antibiotics should be dispensed only to patients whose bacteria is still drug sensitive, and then only in the context of a DOTS program. Unfortunately, DOTS is not practiced in a third of the world's nations.

Mahmoudi introduced the DOTS strategy to Saipan, and with it at least those identified are reliably treated. But the countervailing effects of increased immigration and the rise of chronic diseases among the Chamorro have served to check dramatic progress. The irony in the Pacific Islands is that, though still beset by traditional tropical infections such as malaria, dengue fever, and elephantiasis, the new great killer is the combination of obesity, diabetes, and vascular disease. These diseases of affluence have not so much supplanted the old diseases of deprivation as teamed up with them. Diabetes, epidemic among Pacific Islanders – as it is becoming among the other great traditional maritime people, the Inuitor – like any malady that causes immunosuppression, makes TB, aggressive enough in the healthy, vastly more

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threatening. It is in keeping with its character that TB would find a way in the modernizing Pacific to exploit both the enduring poverty of the area and the consequence of imported and too plentiful food.

I spent my evenings walking along Beach Road, down by the American and Japanese tourist hotels. Just off Beach Road are brothels and massage parlors. The women who work here are garrulous. Most were garment workers but grew tired of minimum wage and breathing cotton fibers all day long. Astonishingly, there is very little HIV here – so far. Everyone knows that is going to change. Mahmoudi just shook his head when he discussed the implications HIV will bring to the problem of TB here.

When HIV emerged 20 years ago, it helped cause the incidence of TB in the continental United States to rise 20 percent among adults and 35 percent among children. But things are far more dire in the developing world: In Africa, for example, tuberculosis is the disease that kills the vast preponderance of AIDS patients. HIV and tuberculosis are almost co-infections – each renders its victims more susceptible to the other. From the moment a person becomes infected with HIV, he is 800 times more likely to suffer activation of latent TB. This is because the type of immunity that AIDS specifically assaults, called the cell-mediated immune system, is precisely the arm that normally resists TB infection. At the same time, TB imposes a certain type of immunodeficiency on those it infects that renders them far more susceptible to HIV. The twin catastrophes of HIV and TB share far more than geography; they are as intimately complicit in each other's evil as Leopold and Loeb.

Last August, I traveled from my home on Saltspring Island, British Columbia, to New York on a Cathay Pacific flight that originated in Hong Kong, connecting through Vancouver. The passengers around me were exhausted from the 14 hours they had already spent flying, and the sound of rasping snores filled the cabin, notwithstanding The Royal Tenenbaums and their efforts to distract us. In the orange high-altitude morning light, Gene Hackman barked silently on the bulkhead screen in front of us. Behind me a child coughed steadily, suffering, no doubt, from an innocent viral respiratory-tract infection, or perhaps some sinusitis.

The passengers around me were distinguishable from the men and women I treated in Saipan only by the authenticity of their Rolexes. They appeared to have prospered in China's economic boom, probably now resident in Hong Kong or Singapore, but the adults were likely born into conditions similar to those of the Saipan garment workers. How many degrees of separation from TB could I possibly hope to be?

I had come to the New York area to see Lee Reichman, who knows and admires Artin Mahmoudi. A former president of the American Lung Association, Reichman is now the executive director of the New Jersey Medical School's National Tuberculosis Center, where he oversees 78 physicians and nine field-workers. He is 64, has been working with TB for the last 30 years, and is so deeply alarmed that in the fall of 2001 he published Timebomb: The Global Epidemic of Multi-Drug-Resistant Tuberculosis to draw attention to the problem.

One of the reasons that Reichman is held in such high regard is that in the 1970s he was virtually alone in warning American public health authorities of the disaster that would come if they slashed TB funding. Sure enough, in 1986, thousands of new cases of active TB, many MDR-TB, appeared in U.S cities; in 10 years the rate of new infection increased by 20 percent. Not only was the rate of TB infection increasing, but it was appearing in odd forms – outside the lungs, as meningitis, or in the kidneys, for instance – more frequently than normal. The cause was HIV. Checking this surge cost more than a billion dollars.

But once again, Reichman sees what he calls "the U-shaped curve of concern." Thinking that they've successfully combated the latest TB outbreak, the medical profession is again treating the illness haphazardly. "We know this from the development of MDR-TB," he says. "Every case of MDR-TB is evidence of inept medical therapy; these strains do not occur naturally." A study Mahmoudi published found that in 1993 doctors in a Denver hospital made an average of 3.9 treatment errors per TB patient; this poor treatment of an outbreak that began among migrant workers gave rise to a 75 percent increase in Colorado cases – including some that are MDR – in the past three years. "Sadly," Reichman notes, "little has changed. In the states of Virginia and Washington, TB medications are still not provided free to patients.

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This represents a violation of every principle of TB care. You have to make it as likely as possible that the patient will take the medicine for the necessary length of time. And the people with the least money are the most likely to have TB."

We sit in his office in central Newark. He is animated and arch, not as cool as Mahmoudi, more accessible. He is dismayed by the indifference of the public to its own peril, but it is the acquiescent dismay of an older man. He shrugs. There are other problems just as large, right now. He wants to tell me about the Russian prisons.

In Russia there are 1 million men and women in stygian cages, coughing into the close and crowded air. Reichman, who visited the prisons in 1998, thinks that essentially all of them have either active or latent TB by the time they are released. He was flabbergasted by the experience. The treatment that Russian prisons employ is more of a gesture than therapy, and it is a disastrous gesture: occasional dosing with inadequate antibiotics, giving rise to organisms with resistance so broad as to be almost untreatable. It is only one of the horrors of Russian prisons, but it is the one that threatens the world outside those concrete walls.

Every year 300,000 Russian prisoners are released. Then they, and the creature within them, move away, understandably, from those cages, often with some velocity. Inevitably, some are propelled across the Atlantic. Barry Kreiswirth is a microbiologist who works with Reichman. His preoccupation is collecting and categorizing the DNA fingerprints of different strains of TB; he has 16,000 now, the world's largest collection, he told me with great pride.

In Tomsk, Siberia, is a prison rife with TB, including a strain that arose there called W148 that is almost always resistant to all commonly used anti-TB antibiotics. In March 2000 Kreiswirth was asked to examine a new strain of resistant TB found in New York. It was W148. He was stunned. He contacted the New York Public Health Department. The strain was found in a Russian immigrant. W148 was here. Suffering does not localize.

This example is just one among thousands. The World Health Organization estimates that 50 percent of the world's refugees are infected with TB. And at least half of all diagnosed TB cases are found among foreign-born people who have moved to industrialized countries. Legal immigrants to America over the age of 15 must have a chest X-ray upon entry. But this does not catch those for whom the disease is not developed enough to show up on film, or adopted children who come with active TB, or business travelers, or tourists, or illegal aliens. In the 1990s, cases among foreign-born Americans rose from 29 percent to 41.6 percent. So it is not surprising that U.S. infections are, thus far, concentrated in areas favored by new arrivals. Strains of TB once found only in Mexico have migrated to Texas. In 2000, some 16,000 people living in the United States developed active TB; half were foreign born, with 1,332-or 8.3 percent-living in New York City. In 2001, 36 percent of all reported MDR cases were in New York City and California.

"The treatment [of TB] that Russian prisons employ is ...a disastrous gesture: occasional dosing with inadequate antibiotics, giving rise to organisms with resistance so broad as to be almost untreatable."

But just as it spread from Siberia and Senegal, TB will not stay contained within pockets of America for long. For now it is chiefly found among the marginal and the overcrowded, epidemic, for example, among the homeless and in our prison system, where 2 million Americans reside and 600,000 more work. But prisoners are paroled and guards go home. In 1993, Reichman writes, "one New York county found that 24 percent of identified cases occurred in jail inmates, former inmates, jail employees, or community contacts."

Fear of MDR-TB has led to a different kind of incarceration. In the last few years U.S. health authorities have committed hundreds of patients to

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hospitals to ensure that they complete their course of medicine. The notion of treating sane patients against their will is deeply discomfiting to most physicians. The laws that allow for this date from the Victorian era, and the idea seems similarly obsolete. But the fact that this measure continues to be resorted to underscores the threat that MDR-TB represents. There hasn't been a new class of anti-TB antibiotics developed since the late 1960s; new drugs are estimated to be at least seven years away. Fifty million people have MDR-TB, 2.5 percent of all TB cases. But in certain countries, 20 percent are MDR. And in some places, including in New York City, strains exist that are resistant to all known antibiotics.

Reichman is blunt: "We sit on the edge of a potential catastrophe. Government doesn't take this problem seriously, physicians do not reliably treat this problem, and the public thinks TB isn't sexy enough to merit its attention. Ebola kills a couple of hundred people and there are movies about it. TB kills 2 million people a year already, more than HIV and malaria, more than any other single infection. And it is curable and has been curable since 1948. This inattention is just what this infection needs to explode, for the time bomb to go off!"

To the extent that anyone is working to forestall such an explosion, it is people like Rebecca Stevens. She is a field-worker for Reichman, administering DOTS, and I went with her as she fanned out into central Newark, policing the compliance of 28 patients. There is some irony to this: Both Rebecca and I were previously diagnosed with latent tuberculosis, a troublesomely common affliction among health care workers. We both hope that ours are drug-sensitive organisms. Treatment among latent patients is always speculative as it is impossible to test them for drug sensitivity. It is conceivable that one day either Rebecca or I might find ourselves with a Rebecca in our own lives, dropping by to watch us take our pills.

We visit the apartment of sisters Chariesse and Mona Greene, and the nine children they care for between them. The kids range from five months to 10 years; six have developed TB. Chariesse is sick, and weighs 94 pounds, even less than Therese Oopik. Out of the hospital for a week, she is tired and worried about her infant niece, who is still hospitalized with tuberculous meningitis. Rebecca says the child does not look well.

Mona had tuberculous meningitis when she was 12, she tells me. Chariesse may have caught TB from Mona at that time, or even years earlier. It is not possible to know. The children probably caught TB from Chariesse. Another boy Mona babysits is in the hospital, too. He's doing better than her niece. I tell her I'm glad. She nods. She hollers at one of her daughters for not picking up her clothes. Rebecca yells back that the hollering is giving her a headache. The house quiets as Rebecca mixes the drugs in with jam for the younger children.

The children ask Rebecca for their cans of Boost, a dietary supplement she brings them when she visits. "Mona is what keeps this situation together," Rebecca tells me privately. "Viewed from their own situation, they're doing okay. From my situation, or yours, maybe not, but from theirs, they're all right."

The apartment has a manic, agitated quality to it; the children are both excited by visitors and shy. Chariesse and Mona are in their 20s, and seem embarrassed about the chaos around them. Both have had drug problems on and off for a long time. Currently not, they say, and Rebecca is inclined to believe them. Chariesse is too sick, and since she got sick, everything pretty much falls to Mona. Things are going too well, Rebecca says, for Mona to be using much.

Too well is not that well, really. They are being evicted. The $800 in welfare they receive is not enough to pay for both food and the apartment they live in, where rats leap from the cupboards when doors are opened too quickly. Mona and Rebecca have a long conversation about the homeless shelters in the area. There are boxes stacked along the living room wall, ready to move their few possessions, and clothes and mattresses on the floor. As we prepare to leave, to distribute the antituberculosis medications to other patients, Mona says she doesn't know how they are going to do it, where they will live.

The last time I saw Therese, she told me she tried not to think about the future, about how all this would end. She enjoyed being home and tasting the Arctic char. The snow would melt soon, and there would be walrus and beluga whale to eat. She knew the peace wouldn't last. And it won't. ■

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The X-Ray Files

How political correctness is destroying effective public health policy and inviting tuberculosis

by Brenda Walker

One might think that political correctness would have no place in the more serious arenas of policy, such as public health, but that is not the case. An editorial in the Minneapolis *Star-Tribune* struck a blow for the say-no-evil variety of public debate, wherein the writer bemoaned the increasing number of Minnesota tuberculosis cases, of which four in five are immigrants. (While TB in the U.S. is on the decline overall, it is growing in states like Minnesota that have large immigrant populations.) Instead of a reasonable and responsible statement about improved screening to keep out persons with dangerous infectious diseases, the *Star-Tribune* went global, instead recommending only a worldwide effort against TB and saying that "cracking down on immigration is no answer." Evidently the writer has forgotten the history of Ellis Island, where all immigrants were given physical examinations precisely to prevent the entrance of disease-infected persons, with one to three percent of newcomers sent back to their home countries every year because of health concerns. Rejection of foreigners carrying infectious disease is part of our immigration tradition.

Considering that there are an estimated 11 million illegal aliens in the country — none of whom has had the required health screening for legal entrance — medical prudence about American public health would indicate just the sort of "crackdown" dismissed by the Minnesota editorialist. There is zero tolerance for many kinds of crime, but 11 million law-breaking, potentially disease-harboring foreign nationals are ignored by politicians and law-enforcement officials alike. Public health would be well served by repatriation of the millions whose true and legal homes are elsewhere. In addition, further illegal immigration should be prevented by border and workplace enforcement.

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The State of Public Health in America

Public health has fallen from the nation's radar screen at our peril. A long period of medical success has been partly to blame — the remarkable results achieved with antibiotics, immunization and improved sanitation led the policy makers to conclude that the battle against communicable disease had been won. The victories over killers like polio, cholera and tuberculosis were followed by a decrease in antibiotic research and a slackening of preventive measures. At the same time memories of tuberculosis wards were fading, lawyers enlarged the concept of bioethics and individual patient's rights. That emphasis was not altogether a bad thing when one considers the cases of government plutonium injections and other radiation testing on uninformed patients that took place from 1944 to 1975. Still, the pendulum has been swinging away from public health requirements at the same time that the globalized economy has exploded with increased trade and immigration — both of which mean foreign diseases, creatures and organisms are just a plane ride away.

In the last decades, some states diluted their communicable disease-reporting laws and made it more difficult to track infectious diseases. Worse, some public health officials have come to believe that they do not have the authority to restrict individual behavior in situations of danger to the community and have fallen back into a position of merely providing care. However, a solid legal basis exists for forceful

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prevention as well as for decisive action in the case of disease outbreak.

On the other hand, American law sends some mixed messages. The U.S. Centers for Disease Control (CDC) has the authority to detain, isolate, or provisionally release persons at U.S. ports of entry showing symptoms of any one of seven diseases (yellow fever, cholera, diphtheria, infectious TB, plague, suspected smallpox, and viral hemorrhagic fevers). At the same time, U.S. law prohibits the return of refugees when they have a credible fear of political persecution, even when they also have infectious diseases. In this case, the government has decided that refugee rights are more important than public health. This has serious implications, given a 1996 WHO report estimated that "as many as half the world's refugees may be infected with TB."

Tuberculosis Is Back, Now Tougher to Treat

Tuberculosis is an airborne pathogen, propelled through tiny droplets via sneezing, talking or coughing. The disease is extremely widespread: one person in three worldwide has the infection and two million die annually from tuberculosis. The nature of how TB is passed means that crowded living conditions, e.g. among farm laborers, in illegally converted housing or in refugee camps, are likely breeding grounds in which infection can occur. Also problematic is the ability of TB to remain dormant and undetectable in the body for long periods; a legal immigrant may pass the chest x-ray, yet still develop the illness much later.

Parents wishing to expose their children to cultural diversity in their educational experience may be additionally exposing them to infectious disease such as tuberculosis. There have indeed been cases of TB being passed in classroom situations. Briefly being in contact with a TB-infected individual is unlikely to infect a healthy person; lengthy contact in an enclosed space is generally required for the TB bacteria to pass from one person to another. In 1995, the CDC confirmed a case that an eight-and-a-half hour domestic airline flight caused four passengers to be infected with TB by one infectious passenger. In March of this year, OSHA cited the Immigration and Naturalization Service's Houston office for not protecting its workers from the danger of TB infection from immigrants, stating that workers needed respirators and training to avoid the illness.

Unfortunately, antibiotic resistance in general has been developing for some time in the rapidly mutating microbes that cause disease. A World Health Organization (WHO) report last year warned that microbial resistance could plunge the world back into the "pre-antibiotic era." The director of the WHO communicable disease program stated, "The world may only have a decade or two to make optimal use of many of the medicines presently available to stop infectious diseases. We are literally in a race against time to bring levels of infectious disease down worldwide, before the disease wears the drugs down first." The situation is particularly worrisome regarding tuberculosis, which now has strains that are resistant to more than one drug treatment (multi-drug-resistant TB, or MDR TB). In Juarez, for example, about 25 percent of TB patients are resistant to at least one antibiotic. A person can develop his or her own resistance by not taking the full regimen of drugs (a minimum of six months) or may have contracted a resistant strain of the disease, particularly if the person is from a region or country where MDR TB is common (sub-Saharan Africa, Southeast Asia, Latin America, Haiti and the Philippines). The most disturbing future scenario is a U.S. in which tuberculosis is increasing in the whole population with no effective treatment available.

In addition, cultural beliefs about illness and immigrant lifestyles may make effective treatment difficult without Directly Observed Therapy (DOT). Somalis believe that TB is a curse and may be reluctant to admit their illness or seek treatment. Some illegals forego treatment because they believe they will be turned over to the INS for deportation. Migrant workers are harder to treat precisely because they are migrants. The World Health Organization warns that poorly managed tuberculosis programs threaten to make TB incurable. Rapid improvement following the start of medication may convince uneducated patients that they are cured and no longer need to continue the full schedule of antibiotics. A WHO Fact Sheet remarks, "From a public health perspective, poorly supervised or incomplete treatment of TB is worse than no treatment at all." WHO emphasizes that an effective public health approach is very serious

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business, requiring "political commitment, microscopy services, drug supplies, surveillance and monitoring systems and use of highly efficacious regimes with direct observation of treatment."

Of course, more public health programs mean more taxpayer expense. In March, 2002, Minnesota Governor Ventura requested $1 million from his legislature to fight increased TB in the state. Franklin County, Ohio, approved nearly $1 million that year to deal with additional tuberculosis. In 1999, the Centers for Disease Control estimated the annual U.S. cost for TB approached $1 billion.

Political Correctness vs Health

Sadly, the Minnesota writer who rejected effective border control as a necessary part of sound public health policy is not alone. The ignorance about public health and the nature of the threat have put Americans' safety into jeopardy. Fresno County in California has been sued twice for jailing persons who refuse to take their tuberculosis medication, the most recent being a Laotian immigrant. And while jailing is certainly a harsh measure, most parents would not want their kids sharing a classroom with the children of an immigrant who refused proper TB treatment.

Even more disconcerting than the rather frightening statistics and case studies is the reaction of some in the public health profession. A *Washington Post* story (3/3/00) contained the following remark from the chief of Maryland's Tuberculosis Control, Nancy Baruch: "My greatest fear is that there will be this terrific xenophobic response to anyone who is a quote-unquote refugee or immigrant. All that does is drive someone away from the help they need." One would expect the "greatest fear" of a person in a top public health position to be a sudden outbreak of disease or perhaps an act of bio-terrorism causing the deaths of thousands. But no, the worst horror is bad thoughts about immigrants.

Another politically correct comment was voiced in the *Washington Post* (4/11/01) by the director of the Alexandria, Virginia, Health Department. "Immigrants aren't the cause of disease," he intoned. "Tuberculosis is the enemy here. In public health, we recognize that. 'immigration' is a real general term, anyway. It's just that some, because of conditions in their own country, may be more at risk." In these remarks we find moral arrogance, patronizing doctor superiority and rather paternalistically explained views on causality. Missing, however, was concern for the public health of his community. What would this man do given the case of someone who refused to take the prescribed TB medication? Call a therapist? A shaman?

Given the nature of tuberculosis — its periods of dormancy and its enormous global presence — worldwide health organizations are quite right to call for programs to eradicate the disease globally, even though the task appears insurmountable. However, global efforts do not mean that American public health officials can be permitted to shirk their responsibility. Expanded vigilance and protective measures are clearly required.

Increased screening of populations particularly at risk would be sensible, but one can predict the ACLU response. And why does the Diversity Visa program (the annual State Department-run lottery for 50,000 lucky winners designed to increase America's diversity even further) still include countries that have very high levels of TB? An effective public health system for the United States should be the paramount concern, but we hear nothing from officials about the jeopardy posed by the current immigration chaos. The politically correct, say-no-evil philosophy of politicians and public health professionals is a dangerous denial. They must do better when the issue is life and death. ■

Migrant Tide of Killer Bugs

Deadly diseases are taking hold in Britain because of mass immigration, a new report warns.

Asylum cheats and health tourists are abusing the National Health Service, it claims.

And huge numbers of work and study permits are given to people from places where TB, hepatitis B and HIV are rife.

The Centre for Policy Studies adds: "They are contagious, life-threatening, and are taking hold."

The right-wing centre claims 95 percent of new hepatitis B cases come from abroad, each costing the NHS £10,000 a year.

Home Office Minister Beverley Hughes called the report confused. She said health checks for refugees were on the cards.

— *The Sun*, London, August 5, 2003

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SARS and Tuberculosis

The old and the new: still with us and doing well

by Robert Howard

On September 23 and 30, 2003 the Centers for Disease Control and Prevention hosted a televised "webcast" program intended for health care workers, immigration officials, physicians and researchers entitled "Preparing for the Return of SARS – Are we Ready?"

Wait a minute. Wasn't this the same disease that just four months ago the outgoing Director of the World Health Organization (WHO) declared, "dead" and "stopped in its tracks?" Well, it seems SARS (Sudden Acute Respiratory Syndrome) is not dead, and, as is evidenced in the media coverage both here in the U.S. and abroad, SARS has already begun its comeback with "SARS-like" illness being reported in the U.S., Canada and other countries. In many cases in rural or remote areas there isn't the laboratory capability to assess tissue samples and determine the exact nature of a SARS suspected death, and the person is simply buried without a thorough evaluation and determination of the cause of death. Instead a vague "acute respiratory distress syndrome" label is attached and the case forgotten.

While the CDC will make a valiant effort to inform and collaborate with the WHO and its counterparts abroad, there is little doubt SARS will continue to challenge the health of Americans, especially those who are most at risk – the elderly, immune-compromised, asthmatics, and persons with other serious underlying health problems.

At present the CDC has eight Quarantine Stations located in Atlanta, Miami, Chicago, New York, Honolulu, Seattle, San Francisco and Los Angeles. There are approximately 320 airports in the U.S. at which SARS infected patients could enter the country. The math is quite simple: we have over three hundred airports in the U.S. in which no one has the capability or capacity to evaluate visitors, passengers or immigrants for SARS, TB, plague, typhoid or Yellow Fever or the host of other illnesses that have appeared in the last year in nations where we travel to visit, or have immigrants coming to us.

> ***"All too often countries are reluctant to admit to these outbreaks for fear of loss of trade and tourism. China continues to be difficult to deal with in the SARS arena..."***

Let it be known that SARS should serve as a warning to all medical and elected leaders in the world of the power of these microbial threats. Even when knocked down and thought to be out for the count, most of these pathogens have an uncanny ability to regroup and resurface. The U.S. public health community relies on the strength, outreach, ability and integrity of other nations to report disease outbreaks, and bring to bear the full weight of a number of global health agencies to assist in evaluating and eliminating the threat. All too often countries are reluctant to admit to these outbreaks for fear of loss of trade and tourism. China continues to be difficult to deal with in the SARS arena and hesitant to allow outsiders in to evaluate and help. Just two weeks ago, in the very province where SARS began, the Chinese continued to

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move forward with plans for the largest airport in the country. And at ground zero of the initial outbreak they took weeks to create and display for global media consumption, the world's largest human domino chain – when the final participants fell it triggered a fireworks display. If only that much work and effort had gone into the initial SARS outbreak when it was common knowledge that the Chinese were hiding patients and health care workers infected with the illness in local hotels and homes. The domino effect has an easy parallel to the death of hundreds of Chinese who died without the benefit of a rocket show as their government obfuscated and denied the truth. The Chinese appear to prefer flash and sound-bites over the illness and death of their own citizens and visitors from abroad.

So here in the U.S., the CDC and other healthcare institutions will do yet another round of education for health care professionals and hope to be prepared for the re-emergence of SARS which is widely and globally predicted to come back. The stated purpose of this medical outreach by the CDC is to "Describe key strategies for implementing healthcare preparedness and planning to contain the spread of SARS and to define the means for early detection of SARS in local communities." In other words, SARS will be back, and you should hope your community will be prepared.

TB: The Killer That Never Quits

The Health Resources and Services Administration's Division of Immigration Health Services reports approximately 150 TB cases are identified annually among INS detainees in processing centers before deportation. This figure does not in any way reflect the number of illegal immigrants who cross the border, settle in communities around the nation and carry tuberculosis into homes and workplaces. Before deportation or transfer, INS regulations require that these detainees receive treatment until they become non-contagious, even if treatment is not completed. This, of course, can lead to a drug resistant form of TB when the detainee is returned to his or her country and perhaps attempts to enter the U.S. again.

In three recent cases cited in May, 2003, the CDC described in the "Morbidity and Mortality Weekly Report" the underlying problem of tracking and maintaining any sort of constant and coordinated therapy course on infected illegal immigrants and admitted it is nearly impossible under current U.S. laws and INS procedures to manage these persons effectively. It is not unusual, as was the case in all three instances cited by the CDC, to have detainees begin therapy, be deported, and return in a short time with a drug resistant form of the illness. Of course, the illegal immigrant is arrested yet again, begins drug therapy at a cost to American taxpayers that is now ten times greater than the original course of treatment, and once again, is returned to the country of origin.

During these "visits" to the U.S., these infected persons can be incarcerated or, more commonly, interact with American citizens in mass transit, work environments, shopping areas, and public events. They are highly contagious and a genuine threat to the well-being of healthy citizens when they cough or sneeze while preparing food, working in landscaping, or laboring in home building, all the while living among disease-free Americans.

The government, through the INS, has requested an expansion of the "hold" authority for illegal immigrants until they have completed the full course of TB treatment (which can take up to six months) with daily observed treatment. To date, the Office of Homeland Security, which now has assumed the direction and functions of the Directorate of Border and Transportation Security, Bureau of Immigration and Customs Enforcement, has taken no action to secure this issue with Congress or in state legislatures.

As if there needed to be more evidence for action on this issue, data collected for fiscal years 2001-2002 indicates that while there were 24,361 cases of TB in 1994 (a 20 percent rise after a thirty-year decline), there has been a continued increase in TB cases that are multi-drug resistant. TB is treatable and preventable. This is a reminder of the importance of sound national and international public health system communications and surveillance. It underscores the vital nature of honesty in reporting, follow-up, and tracking by host nations and a reliance on the honesty of health care officials abroad who all too often fail to meet the oath, "Physician do no harm," as well as on the integrity of politicians and leaders who frequently fail in their oath to "serve to protect the borders against *all* enemies, foreign and domestic." ■

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INS 'Enforcement' and Immigrant-Borne Diseases

by Jim Dorcy

Diseases we thought we had eradicated are coming back in force. I have retired from a thirty-year career in the INS and the Department of Justice, spending fourteen of those years in the Border Patrol at various stations and in my opinion the fault lies with our immigration policies. As infections increase among us we are experiencing the consequences of a failure to properly enforce the exclusion provision against persons who are afflicted with dangerous contagious diseases. The current resurrection of tuberculosis, I believe, can be traced to a lack of public health concern about the immigration of infected individuals going back to the 1970s.

When I was going to college in the 1950s, I worked as a medical photographer in a dental school. To augment my income during that time, I occasionally took on some free-lance work. One of those jobs was done for a physician who worked for the local county health department. He was in charge of the county's TB program and hired me to do a documentary slide series to help him promote and defend his program to the county's budget people. At that time, the county's TB program was very aggressive. There was a fleet of mobile chest x-ray vans that constantly toured the county. In addition, the health department targeted three or four grades in public and private schools through which periodic skin tests were administered and all children were tested several times throughout their school careers. The emphasis was early detection and immediate, aggressive treatment that included removal from the community in cases where the disease had reached its more contagious stages. I became intimately aware of an active and successful TB public health program through my work on this project.

In 1973, I transferred from the Border Patrol to the San Francisco INS office as an immigration examiner. A part of my duties was to hear cases for adjustment of status to permanent residence. During the more than five years I spent in San Francisco, I heard many cases from the Philippines, China, Viet Nam, and other Pacific Rim countries in which the applicants were found to be infected with tuberculosis. Since they were infected with a dangerous contagious disease, they could not receive adjustment of status unless they were granted a waiver of excludability (which is provided for in the law). In order to get the waiver, the applicant aliens had to present evidence that they were undergoing treatment for the TB. They would furnish what amounted to a letter from a physician stating that the alien was under his/her care.

Since I knew a little about the disease, I would take my examination a step further. I would ask when they last saw the doctor and what was the nature of the treatment they were getting. Almost invariably they would respond that they only saw the doctor once, received a prescription for antibiotics, and had no follow-up. Most never had the prescription refilled after the first course ran out. Some, especially the Chinese, went to herbalists in Chinatown for their treatment. Public health authorities seemed totally apathetic to the problem.

When I wrote denials of the waivers – as well as for the adjustment of status – in these cases, I was over-ruled by my superiors. Their reasoning was that immigration officers are not medical authorities, and, as long as we received the physician's certification of treatment, we had to approve both the waiver and the adjustment unless there was another ground of excludability. Thousands, probably tens of thousands, of immigrants were admitted infected with TB. Many went untreated or, even worse, under-treated, spawning antibiotic resistant strains of the disease. If some analytical research were done into the root cause of today's resurgence of TB, and the cause for development of antibiotic-resistant strains, I believe the problem would be traced directly back to our immigration policies as they relate to public health. ■

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The AIDS Capital of the Nation

by Donald A. Collins

While some ideologues are busily advocating "abstinence only" policies and even suggesting condoms don't work, even though condoms are now the *only* protection for sexually active people against fatal HIV infection, the latest published figures on new AIDS cases for 2000 from the Centers for Disease Control by state and for the District of Columbia are staggeringly in conflict with such naiveté.

- **Fact:** Half our teen girls have had their sexual debut by 18.
- **Fact:** No country, state or territory in North America or South America endures a higher incidence of AIDS than the District of Columbia, except perhaps three countries/territories in the Caribbean.

One of the world's leading AIDS experts, Dr. Roger P. Bernard, an epidemiologist who directs an academic action organization known as AIDS Feedback, or AF, located in Geneva, Switzerland, has just furnished me with a stunning compilation of AIDS case rates for North America and Western Europe (except Canada) for 2000. A colleague of mine for some 30 years, Bernard regularly obtains his information from many reputable sources including the CDC, governments in the World Heath Organization, and UNAIDS. AF has a long standing tradition of releasing regional and world overviews on AIDS incidence and HIV prevalence, so far to over 600 recipients and conferences.

"Incidence" means the new occurrences over a given period, say a year. AF's latest release pertains to new AIDS case rates for 2000 as co-ranked for both the United States by state and Europe by country (Sources: CDC and Institut de Veille Sanitaire, Paris). In sharp contrast, "prevalence" means all persons living with a given ailment at a given point in time – not reported here but available for year-end 2001 adults living with HIV/AIDS around the world.

Stunning Pandemic

In a lengthy telephone conversation on September 27, Bernard explained to me in much detail that the data for the United States and Western Europe are the best around, and the most recent available. His co-ranking of the 2000 AIDS incidence rates for the United States and Western Europe generated this shocking incidence structure that illuminates the horror of this pandemic.

First, the 2000 Census reported the population of Washington, D.C., at 600,000. For every 100,000 people in Washington, D.C., in 2000 there were about 153 new AIDS cases reported. The average for the United States was about 15 cases for every 100,000. Pennsylvania was just below the average with about 14 new cases per 100,000. Compared to Pennsylvania, Washington was 11 times worse.

Second, and this is a real shocker, a comparison of 20 Western European countries showed an average of 2.44 new AIDS cases per 100,000, which compared to the 55 states and territories of the United States at 14.62 new cases per 100,000. That made the United States six times worse off than Western Europe. Vermont, with a population similar to Washington, D.C. had an AIDS rate of 6.24 making the nation's capital 24 times worse. Alaska at 3.67 is 41 times better off.

The performance of Washington, D.C., in caring for its citizens may be regarded as

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feckless and irresponsible. Ironically, the tiny Mediterranean island republic of Malta, which is 98 percent Catholic, has a population of 400,000 – about two-thirds that of Washington, D.C., but on about the same land size. The incidence of AIDS in Washington D.C., is more than 190 times that of Malta. Could it be that most Maltese men are using condoms?

Of course, much of Africa is worse. The Bush administration has promised $15 billion over five years for AIDS in Africa, but funds have yet to be appropriated.

On September 22, Secretary of State Colin L. Powell "defended the Bush administration's efforts to combat AIDS, one day after a top U.N. AIDS official denounced as a 'grotesque obscenity' the disparity between what is being spent on the U.S.-led war on terrorism and the money devoted to halting AIDS in Africa."

The *Washington Post* (September 24) noted that "delegates to the U.N. General Assembly had heard President Bush ... (at the end of his September 23 address) add a new warning about the dangers of the international trade in sex slaves. The State Department estimates that at least 800,000 women, children and men are sold across borders each year, many for captivity in squalid brothels that foster the spread of AIDS. Bush condemned the "special evil in the abuse and exploitation of the most innocent and vulnerable." Talk about the assured promise of a burgeoning HIV/AIDS tidal wave! And with our present loose immigration policies – we don't screen for HIV/AIDS – many infected newcomers could be here soon.

Tibet Facing 'Cultural Genocide'

MADRID (Reuters) – Exiled Tibetan spiritual leader the Dalai Lama says cultural genocide is taking place in his homeland, with a wave of ethnic Chinese migrants making Tibetans a minority. Ethnic Chinese now outnumber Tibetans in most large towns and probably overall in the Tibetan Autonomous Region, although it was difficult to get reliable data, he said yesterday.

The Dalai Lama, who has run a government-in-exile from India since fleeing Tibet after a failed uprising in 1959, said he wanted greater autonomy, not independence, for the Himalayan region. But when the native population was made a minority, autonomy became meaningless, he said.

The Dalai Lama said he had discussed his concerns about Tibet with U.S. President George Bush at a meeting last month. Speaking during a two-day visit to Spain, where he will accept a prize for promoting human rights, the Dalai Lama said any damage to Tibetan culture would be a loss for all of China...

National Disgrace

In Washington, D.C., we are in what could be dubbed "The AIDS Capital of the United States." Now we learn that a major Washington, D.C. facility involved in HIV/AIDS prevention and services is in financial trouble. According to a *Washington Post* article of September 19,

> *The Whitman-Walker Clinic, which provides HIV/AIDS testing and related health services to thousands of mostly low-income area residents, plans to begin charging for its services and to sell off property to deal with a financial crisis caused by plunging donations and rising costs.*
>
> *Facing a projected budget deficit of $800,000 by year's end and with cash reserves falling, the nonprofit organization's 35-member board approved the measures to avoid severely curtailing services or closing the clinic altogether....*

The financial condition...(of Whitman-Walker) was described as serious (i.e. its cash reserves to drop to nearly zero by the end of this year). Moreover "the clinic's bank line of credit has been slashed almost in half...which the officials said leaves them with insufficient cash to get through next spring."

Good grief, folks! There is a major public health hazard right here in Washington, D.C. Our poorest and weakest are at huge risk and the amount of money needed to fix it wouldn't even buy an hour's operating costs in Iraq. Will we ignore this threat on grounds of ideology or will we solve it? ■

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Illegal Aliens: The Health Cost Dimension

by Joe Guzzardi

Saul Diaz was a penniless, unemployed, uninsured illegal alien living in Georgia when he was severely injured in a car accident. During his year-long hospitalization, Diaz racked up $1 million in medical expenses.

Officials tried to return Diaz to Mexico after he was stabilized. But Diaz died before he could be removed.

The Gwinnett (GA.) Hospital System expects more illegal immigrants will present themselves for urgent care this year and has established a $34 million reserve to cover its outlay.

Said Paula Martin, a hospital representative:

"When patients come in the emergency department, we do not know or ask if they are documented, we are obligated to deliver care regardless of their status. And as you know, some people do not admit to being illegally in the U.S."

[*Atlanta Journal-Constitution,* Indigent care costs escalating; "Hospitals don't track illegal immigrant factor," by Rick Badie, January 16, 2003]

Okay, you say, we just can't let Diaz die on the highway. As humanitarians we must try to save him.

But take a hypothetical "Gloria," a twenty-year old Los Angeles resident who is seven months pregnant? Like Diaz, Gloria is uninsured, unemployed and illegally in the U.S.

Medi-Cal will cover Gloria's prenatal care and child delivery costs.

If Gloria doesn't speak English, the hospital must, by law, provide her with a Spanish-speaking translator.

Gloria's newborn child will also get car seats and diapers under her Medi-Cal coverage.

In the event of post-partum complications, California will absorb all of the costs.

U.S. taxpayers have spent hundred of millions on patients like Diaz and Gloria. As a consequence, the states are facing a crisis of unparalleled magnitude. As *Los Angeles Times* columnist Ronald Brownstein wrote in his December 30 column "Health-Care Storm Brewing in California Threatens to Swamp U.S.", "the impending Medicaid disaster is not a problem the states can handle alone; their budget shortfalls are too big."

If you want to reduce the cost of quality health care for U.S. citizens then you cannot provide it to every illegal alien in the country.

And if the government can turn its back on health care for military veterans, as it announced it would last week, then cutting off aliens shouldn't be too tough.

On January 17th, Secretary of Veteran Affairs Anthony J. Principi stated that VA health care enrollment for Category 8 veterans would be suspended for one year. (A Category 8 veteran is one who does not have a service-connected disability and has an income in excess of $13,000.)

World War II veteran Bob Simmons predicts that "one year" means forever.

In justifying his decision, Principi noted that more than 200,000 veterans have to wait six months for an initial appointment and that in today's economy many veterans "may have a false expectation of care."

There's a slice of American life circa 2003: veterans wait while illegal aliens go to the head of the line.

U.S. Marine Corps Captain David Brockett who served in Vietnam more than once between 1968 and 1974 e-mailed me his observation:

***Joe Guzzardi**, an instructor in English at the Lodi (California) Adult School, has been writing a weekly newspaper column since 1988. This column is reprinted by permission from VDARE.COM.*

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The G.W. Bush decision to cut VA health care costs while funneling millions of dollars into health care for illegals is a kick in the gut. This decision is indicative of the 'I appreciate your past service but what have you done for me today' attitude that veteran's organizations fight each and every year.

All veterans and their families are painfully aware of the uphill struggle to obtain medical services at Veteran's Affairs hospitals and clinics. We have to provide a ream of personal, financial, and military documentation just to get "in" the system. Once the information is validated then we are informed what our "share" of the medical expenses will be. If we submit the information in March, and we lose our job in April, we have to wait a full year for the VA to reassess our co-payment. With past funding cuts it is not unusual for a veteran to have to travel across several counties to reach a VA medical center.

Meanwhile, the illegal simply presents himself to the nearest hospital for a complete smorgasbord of free medical services. This "squatter" enjoys all of the freedoms that the veteran has fought for, with none of the pain, suffering, or expenses associated with them..

Several generations of this type of neglect has produced children of veterans who are cautioned against serving in the military. Simple solution to this problem is for our government representatives to receive the same health care services that veterans do. Let's see how long they will be willing to rob Peter to pay Raoul.

But there may be rays of hope. At the encouragement of Rep. Jim Kolbe, R-Arizona, the General Accounting Office traveled to southern Arizona to study the impact of illegal immigrants on Arizona and other border state hospitals. In 2002, three hospitals located in Cochise County funded more than $1 million in uncompensated health care costs, said Jim Dickson, CEO of the Copper Queen Community Hospital in Bisbee.

The Florida Hospital Association surveyed 28 hospitals and found that health care for illegal aliens totaled at least $40 million in 2002. Among the changes recommended are:

- Specifying how much follow-up care a hospital must provide after stabilizing the patient.
- Requiring that tourist visas be issued only if the applicants document their health status, assume financial responsibility for health care and agree to return home after they are stabilized.
- Requiring other countries to accept medical transfers of their citizens.
- Receiving more cooperation from and among the INS, foreign consulates, immigration lawyers and patients' families. (Good luck on this one!)

Rep. Mark Foley, R-Fla. has the best idea. [*"Congressman: 'Parasitic' Illegal Aliens Burden U.S. Hospitals,"* Jessica Cantelon, *CNSNews.com* July 16, 2002.] Foley said that the U.S. should net hospital costs out of foreign aid payments.

Immigration enthusiasts, of course, do not agree. Hector Cora, lawyer for the family of Saul Diaz, the $1 million illegal I mentioned in my first paragraph was quoted in the *Atlanta Journal-Constitution* article as saying:

It's nice to brush it off on them (illegal aliens)... But, they contribute to Georgia's labor, economy, and pay taxes. Most of the time, when they go to hospitals, it's going to be for delivering babies and critical-type care. You're talking about a community that's almost completely unaware they are driving up hospital costs. They are not educated enough to know what the costs are, and that they are high. You're basically talking about uneducated people from a Third World country.

Hmmm, interesting that the Diaz family has money for a lawyer but not for hospital bills.

Illegal immigrants may not know much about medical care. But one thing they do know: they get a better deal in the U.S. than they do in Mexico. ■

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Immigration and LA's Health Care System

System is being wrecked by illegal aliens using emergency services

by Craig Nelsen

It would be difficult to overestimate the negative impact of illegal immigration on California. For example, in Los Angeles County alone, illegal immigrants cost the health care system $340 million annually, according to a report from the county's Department of Health Services. The source of much of the cost is aliens who use the county's emergency rooms for routine health care -- essentially turning emergency rooms into free clinics and driving many hospitals into the red.

California officials note that the problem is epidemic in the state. In addition, since employers usually pay illegal aliens "off the books," neither the employer nor the workers pay payroll taxes.

Federal statutes, including Section 1621 of the Immigration and Naturalization Act, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, and the Illegal Immigration Reform and Immigration Responsibility Act of 1996, severely restrict the kinds of public benefits, cash assistance, and non-emergency health care available to aliens. Yet a link from the Los Angeles County Department of Health Services' website takes one to a county Public Services department web page titled "Important Notice for Immigrants," which instructs "immigrants" (in ten languages) to access many of the public services forbidden to them by federal law. (According to county officials we spoke to, the county, in dispensing most services, does not distinguish between immigrants, illegal aliens, and foreign nationals.)

The department lists 20 welfare and social programs available to "immigrants." The programs include food stamps, housing assistance, energy assistance, transportation assistance, educational assistance, job training assistance, Medi-Cal, WIC, childcare, prenatal care, and county health programs. No wonder 40 percent of Medi-Cal patients are now non-English speaking foreigners demanding costly translator services at public expense, and no wonder an entire industry has sprung up in Asia advising sick Asians how to access U.S. health care.

One might wonder how the county and city of Los Angeles can openly urge immigrants to access prohibited public services and cash benefits. In a remarkable bit of Orwellian doublespeak, the "welfare-for-immigrants" web page assures immigrants they can access cash benefits to which they are not lawfully entitled because, well, the cash benefits aren't really cash benefits.

Just read carefully the following clarification from the department's website: "Some of the above programs may provide cash benefits, a disclaimer under the list of available welfare programs reads.

The purpose of such benefits is not for income maintenance but rather to

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avoid the need for on-going cash assistance for income maintenance; therefore, they are not subject to public charge consideration."

Go ahead and read that again, if you need to. The gist of it is that the local government in Los Angeles County is providing cash assistance to aliens so that aliens won't need cash assistance.

It is time to buck up as a nation, put the adults back in charge, and end this kind of nonsense. In a world in which nearly five billion people live in countries poorer than Mexico, neither California nor the rest of the United States can afford to be the emergency room to the world.

A very good way to start getting serious about illegal immigration would be to decrease voter innumeracy – and the best way to do that would be for the media and for those running in the California recall election to start connecting the dots between California's budget disaster and massive foreign immigration. ■

America Is For Aliens

by Paul Craig Roberts

So you think your government looks out for you? Not nearly as much as it does for aliens.

On September 24, Robert Pear reported in the *New York Times* that the Bush administration has quietly decided to stiff 6 million poor elderly and disabled Americans by denying them Medicare drug benefits. According to the Bush administration, these Americans are already covered under state Medicaid programs.

President Bush should read the newspapers. On September 23 Robert Pear reported in the *New York Times* that "rising costs prompt states to reduce Medicaid further."

It seems that the job-loss recovery has forced virtually every state to take action to cut back on Medicaid.

Not to worry. All the 6 million poor and disabled Americans need to do is to acquire Mexican citizenship and recross the border as illegal aliens. Once Americans acquire the status of illegal aliens, their medical care is provided free without even a co-pay.

American veterans can take recourse to the same solution for their plight. The Bush administration plans to cut veterans' benefits by $28 billion over the next 10 years. Democrats claim the cuts could cause half of all veterans to lose their only source of medical care and could even prevent them from receiving their disability pensions.

Not to worry, veterans who defended your country, just become Mexican illegals, and you will be cared for.

Are you the parent of a college-aged student who you would like to send to your alma mater, but can't as you have moved away from home, placing out-of-state tuition between you and your old school? Not to worry. Just send your offspring in search of Mexican citizenship. Depending on the location of your alma mater, once your son or daughter recrosses the border as an alien, the state's taxpayers will cover the out-of-state tuition charge.

Not to worry about being caught crossing the border. Senator Robert Byrd's amendment to the homeland security appropriations to provide $125 million to put 1,300 customs inspectors to help patrol our borders was rejected by the Bush administration as "too expensive."

The same day President Bush made an "emergency request" for $150 million to pay for "border inspections personnel" on Iraq's borders.

Meanwhile as our caring government stiffs veterans, the poor and the disabled, Bush intends to spend $15 billion on AIDS in Africa and wants $87

***Paul Craig Roberts** is a syndicated columnist. ©2003 by Creators Syndicate. Reprinted by permission.*

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billion as a mere down payment for Iraq.

The *Washington Post* reports ("*In GOP, Concern Over Iraq Price Tag,*" *by Jonathan Weisman and Juliet Eilperin, September 26, 2003*) that hidden in the $87 billion for Iraq are

"$100 million to build seven planned communities with a total of 3,258 houses, plus roads, an elementary school, two high schools, a clinic, a place of worship and a market for each [planned community]; $10 million to finance 100 prison-building experts for six months at $100,000 per expert; 40 garbage trucks at $50,000 each; $900 million to import petroleum products such as kerosene and diesel to a country with the world's second-largest oil reserves; and $20 million for a four-week business course, at $10,000 per student."

Every conceivable Republican contributor is being rewarded. But our 1,500 wounded soldiers — many missing an arm, leg, or eye — are being charged for their meals during their hospital stays. And the Pentagon wants to cut the pay of our troops in Iraq, denying them $75 a month in "imminent danger pay" and $150 a month in "family separation allowances."

As any fool can see, Americans come first with their government.

Leaders on the Pentagon hand-picked "Iraqi Governing Council" say the $87 billion is ten times the amount required.

"Where they [the Americans] spend $1 billion, we would spend $100 million," said Ahmad al-Barak, a human rights lawyer and a member of the Iraqi Governing Council. Just give us $8.7 billion and go home, he recommended.

Did you know that only $20.3 billion of the $87 billion — merely 23 percent — is dedicated to Iraq's reconstruction? You can imagine the rake-offs in the remaining 77 percent. This is the greatest pork-barrel rip-off of the American taxpayer in history.

Not to worry. Bush is going to take it out of Medicaid and Veterans' Benefits. Now that we are going to conquer the world and have an empire, we have to cultivate a more hardy breed of people here at home.

Welfare is for Muslims. To soften them up, you know.

According to economist Thomas Stauffer in a lecture on the total costs of U.S. Middle East policy, commissioned by the U.S. Army War College for a conference at the University of Maine, since 1973 Israel has cost the United States about $1.6 trillion, or $5,700 per American.

Let's see, that covers 5 million Israelis.

Imagine what we can spend on 600 million Muslims. ■

SARS "Can be Caught from Doorknobs"

It may be possible to catch the SARS virus simply by touching a contaminated tabletop, lift button or doorknob, rather than being directly exposed to the sneeze or cough of a patient, scientists believe.

Experiments show that SARS can survive for at least 24 hours on surfaces and for several days in human waste.

The data, due to be published on the World Health Organization website, helps explain how SARS has infected some patients without direct contact.

Studies in Germany have found that ordinary detergents are ineffective against the virus, while Japanese laboratories have found that it can survive indefinitely at freezing point – which means that winter temperatures will not kill it off.

It's the first time we have hard data on the survival of the virus," Dr. Klaus Stohr, a scientist with WHO's Communicable Disease Surveillance and Response team, said. Dr. Stohr has been coordinating efforts by a network of 11 laboratories in nine countries to learn more about SARS.

Evidence is emerging that the virus can survive as long as four days in the diarrhea of infected patients. This is seen as a clue to the outbreak in a 33-story apartment block in Amoy Gardens in Hong Kong.

A man with SARS had visited the block and used his brother's lavatory. Investigators found a tiny crack in a sewage pipe in the block and speculated that droplets that became airborne from the leak could have contaminated the air.

The news came as Hong Kong showed clear signs of slowing the pace of the epidemic. Only eight new cases were reported yesterday, the lowest daily total since the outbreak began seven weeks ago.

But the death rate keeps creeping up. The toll is now 184, from 1,619 infections, a rate of 11.3 percent. There are still 77 patients in intensive care, not all of who are expected to survive.

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How Long Is a Public Purse String?

Immigration policy and health care costs in Australia

by Denis McCormack

Try this from a bygone era of Aussie public health pragmatism. It's an item from Melbourne's *The Age* dated 24 August 1896.

> *'Leprosy in New South Wales: Chinese patients shipped to Hong Kong'*
>
> *Arrangements were recently carried out whereby 19 of the 20 Chinese lepers in the Little Bay Lazarette* [hospital in Sydney] *were shipped on board a vessel, and they are now on their way to Hong Kong...but one of them managed to hide himself and could not be found in time...Everything has been done to make them comfortable...now in* [the] *charge of an experienced warden...a small sum of money has been given to each so that on their arrival in Hong Kong they will have means to go to their respective districts. It has been ascertained that no trouble will be experienced in landing the lepers in Hong Kong...Some two years ago a leper was deported from Victoria to China at great expense...*

Contrast the above with today's public health/immigration insanity. I'm listening to radio news as I write (6 August 2003) and by coincidence it carries a report of Immigration Minister Philip Ruddock having exercised his lawful but controversial 'discretionary powers' to intervene in a 'humanitarian' case in favour of allowing an African with AIDS to be reunited with family already in Australia. One could be forgiven for thinking this is just a bit of image softening from a government lashed for and to its tougher border protection policy of recent times, but the facts would suggest a wider set of problems arriving.

> *African migrants will double this year with 5206 expected...African refugees will make up 43% of Australia's humanitarian intake* [1]

It's just this sort of no-brainer from a supposedly conservative government that drives reasonable people nuts in this country. We the reasonable majority who read of police services mobilizing against nascent African gangs [2] are supposed to continue supporting the "conservative" Government of John Howard because the Labor Party Opposition tells us that they would be even more "compassionate" on refugee/asylum issues should they take government at the next election. Heads they win, tails we lose, but I digress...

Unraveling immigration's costs to full length, to separate and identify the many strands, to tease them out and run the micrometer over the cascading, intertwined masses of fibers, is a forensic accounting task which can be accomplished, but only by a willing bureaucracy directed to do so by government at all three levels in a federal, state and local government system.

In 1991, impatient of successive governments ever undertaking such purse string measurement and analysis, Stephen Rimmer, a senior economist knowledgeable on all three levels of administration, wrote a no-nonsense booklet, "The Cost of Multiculturalism" which was briefly reviewed in *The Social Contract* (vol. II, no. 4, Summer 1992, p.251). Having had an arms-length hand in editing, proof reading and funding the first print run of Rimmer's booklet, I wasn't surprised to see the consternation it attracted from all the usual suspects in the mainstream

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Australian press and the immigration industry at the time. Happily he was given right of reply in the press, nor did he lose his job.

A point he was at pains to make on page one was the difficulty in cost separation when tracking Federal funding of immigration and multiculturalism once those funds are added to, atomized by, and filtered through:

> *Hidden expenditures by other state and local governments...The control of information is designed to minimize public debate and allow governments to hide from the public the economic costs... In addition the indirect costs...including the growth of organized fraud against governments; organized crime; terrorism; declining community health standards and affirmative action policies.*

He even touched taboo topics like migrant workplace accident and motor accident insurance fraud. It was a punch-packed 71-page booklet not since bettered, and for the above good reasons laid no claim to be comprehensive. It begs statistical update and reissue for its shock value alone.

Here is what Rimmer had to say on "Community health and the policy of multiculturalism...Measuring the indirect economic costs" pp. 48, 49, 53, 57 about which little has changed:

> *For instance, in the 1980s the Federal government assured the Australian community that all migrants and refugees settling in Australia were medically screened prior to migration (Senate Hansard 22 August 1988). However, throughout the 1980s State governments and medical professionals publicly claimed on numerous occasions that such medical screening of immigrants was ineffective.* [3]
>
> *For example, in 1986 Dr Streeton, Adviser to the Victorian Public Health department, indicated that of the 246 cases of tuberculosis in Victoria, sixty percent were migrants and most had not been effectively screened prior to entering Australia. Professor Boughton, a leading figure in the development of the hepatitis vaccine, claimed in 1988 that approximately 10 percent – or 4000 – of Asian migrants who came to Australia each year carried the hepatitis B virus (Daily Telegraph 1988)* [4]*. In addition, the incidence of syphilis had increased dramatically in Australia since the 1960's, when there were tougher health screening procedures for migrants. However, a spokesman for the Minister for Immigration, Mr Holding, said that health screening procedures were considered adequate by the Federal Government (Messina 1988a).*
>
> *In 1987 the Australian Health and Medical Research Council said that large numbers of immigrants with active cases of leprosy and tuberculosis had passed through Federal Government medical screening tests without their condition being recognized. The Council recommended that the immigrants from high-risk areas be screened prior to reaching Australia by the Federal Government, and evaluated again when they reached Australia. (Sun, 1987). This finding was confirmed by the 'Medical Journal of Australia', which expressed alarm about the number of immigrants and refugees entering Australia with infectious diseases (1987).*
>
> *In 1988 the Victorian Health Minister, Mr White MP, called on the Federal Government to upgrade medical screening of migrants for*

"In 1987 the Australian Health and Medical Research Council said that large numbers of immigrants with active cases of leprosy and tuberculosis had passed through Federal Government medical screening tests without their condition being recognized."

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infectious diseases. He argued that because of the ineffective screening Australia faced the threat of existing and eradicated diseases being reintroduced and Australian children contracting and spreading the diseases further (Messina 1988b). Consequently, large numbers of migrants with infectious diseases such as hepatitis A and B; AIDS; tuberculosis (TB); leprosy; malaria and syphilis are reported by such authorities to have been allowed into Australia over this period.

However, the Federal Government appears to have ignored these pleas, arguing that only a small number of persons with infectious diseases slip through current screens. By 1989, 238 cases of tuberculosis were reported in Victoria and 73 percent of these were migrants. Dr Jonathon Streeton, who co-authored a National Health and Medical Research Council report on TB, indicated that unless effective screening measures were implemented, TB would be spread throughout the community (Australian 1990b). In addition, in 1989 Dr Rouch, Victoria's Chief Health Officer, claimed that 10 migrants from Africa, who had settled in Victoria, had been found to have AIDS shortly after migrating to Australia. He indicated that both the Victorian and NSW State governments had consistently urged the Federal Government to introduce more widespread medical testing and stated that: 'Its really high time there was an adequate policy for screening migrants' (Allender 1989).

In 1991, the Medical Journal of Australia again expressed concern about inadequate screening of migrants, who were contributing to the spread of TB. While there was an apparent shortage of statistics available to health researchers, some 225 of the reported 290 cases of TB in NSW in 1986 were migrants. While the United States government was campaigning to eradicate this disease by 2010, negligence by Australian governments had seen cases of the disease increase rapidly to the point where it might become common. The journal stated that: 'It would be an indictment of our public health system if a disease of yesteryear, so close to elimination, returned with its resultant human and economic costs' (Canberra Times 1991b). The Medical Journal of Australia was also reported to have found cases of migrants entering Australia with live roundworms as long as 13cm in their bodies. It was claimed that the worm had infected 1.3 billion people worldwide and that immigrants who tested positive were not routinely treated, as it was felt that the parasite did not pose a significant risk (Canberra Times 1991c).

It has to be taken into account that medical screening of migrants, foreign tourists and students will not be effective in all instances, because of the nature of the diseases and the inexperience of many health professionals in identifying the early signs. However, it is also clear that throughout the 1980s the administration by governments of health screening of migrants has been negligent. Australian governments appear to have displayed an arrogant disregard for the health of current and future generations of Australians, regardless of ethnic background. The policy of multiculturalism has assisted governments to ignore pleas by health professionals over the last decade to implement effective health screening in the national interest...

While the economic cost of ineffective screening of immigrants are unknown, Mr Paul Gross, Director of the 'Institute of Health Economics and Technology Assessment' estimated that in 1987 Hepatitis B, which is far more infectious than AIDS, cost the community over $50 million per year diagnosis and treatment costs and indirect costs such as lost productivity and premature death. The cost per patient was estimated to be more than $22 000 (Romei 1987). Given that approximately four thousand migrants are reported to come to Australia each year with this disease alone, the estimated cost to the community of ineffective health screening for Hepatitis B is $88 million per year, expressed in 1987 dollars. However, the

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cost of other infectious diseases imported into Australia by legal and illegal immigrants, foreign students and tourists cannot be ascertained. Nor can the cost of Australians infected with such diseases be ascertained. Clearly, a conservative estimate of these costs would be in the hundreds of millions of dollars each year...the total cost is likely to be several billion dollars higher than the estimate provided here.

It is fair to say that over the last decade or more as increasing numbers of Asian, Sub-continental, and Middle Eastern immigrant doctors have become more established across the Australian medical scene, one sees and hears less of the criticism catalogued by Rimmer above. Can professionally prudent self-censorship in the service of "community harmony and understanding" be more accurately described as institutionalized cowardice leading to abrogation of responsibility and duty of care?

Three years after Rimmer's booklet, the *Age* of 5 December 1994, carried the article "Migrants more likely on welfare" by Karen Middleton reporting unsurprising but surprisingly-admitted findings of the then Labor Government created and funded pro-immigration think-tank, the Bureau of Immigration and Population Research (now defunct):

A higher proportion of migrants receive age or invalid pensions, sickness benefits, and the dole than do people born in Australia...

According to a report in *The Australian Doctor,* 4 April 1997, "HIC swoops on medicine exports at airports" by Christina Anastasopoulos, a one-day search operation of passengers' luggage run jointly by the Health Insurance Commission, Federal Police, and Customs Officers at Sydney International Airport in November 1996 resulted in 24 people being charged under the National Health Act for attempting to illegally take medicines overseas which had been obtained through the Pharmaceutical Benefits Scheme (read public purse):

All travelers involved were boarding flights bound for the Middle East or South East Asia.

Multiply by number of international airports, times 365 days, by how many years? [5]

India Revisited

In the Summer 2000 issue of *The Social Contract* (Volume X, Number 4, "Iceland to India") Australian correspondent Denis McCormack wrote about "the grueling realities of life in India." McCormack sends along this brief item from *The Times of India* in which Jug Suraiya writes about his homeland's woes on returning from abroad.

"People [are] reduced to the most basic biological functions: hawking, spitting, crapping, digging their noses, hanging around without goal or intent," he wrote. The non-human elements of New Delhi were no better. "Nothing works: traffic lights, *bijli* (electricity), water, transport, public toilets. There is an air of unredeemable squalor, an entrenched inertia." He lamented that "50-odd years after independence we still have to wear our poverty like a martyr's shirt." Any complaints were met with the accusation that he was of the "privilegentsia," had no real problems, and furthermore, if things were so bad why didn't he go somewhere else? It was not "the fear that elsewhere won't have me. The fear is that elsewhere might well let me in, and by the same token let in enough of my compatriots to turn elsewhere into here. And then where on earth would I go to get away from here?"

– *Weekend Australian*, August 23-24, 2003

Most recently a Melbourne University study of increased welfare dependency over the last twenty years reported in the *Australian,* 11 July 2003 by Christine Wallace said:

Most of the increase appears to have occurred after 1989-90 and has been most pronounced among single males, particularly those born outside Australia.

Worry as we should about immigration's day-to-day public health costs, they are minor in the order of things most concerning about immigration. Think about the mass mental health implications for frustrated dwindling white majority societies whose well-founded and well-documented fears about our ongoing multiracial immigration continue to be flatly ignored by their elected governments, decade after decade. To what degree does the generalized repressed frustration and resentment so generated feed into mass subliminal post-modern apathy and political disengagement? Think about rising levels of despair, depression and dysgenic behavior – conspicuous consumption, substance abuse, below replacement

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fertility. For too many people who have never considered the culture/history/curricular wars to be their business, life seems naturally disconnected from their past or future. As life's passengers they work, shop, eat, drink, watch TV, party, and too often holiday right on past family and children, trying to be merry today – for tomorrow, continued bipartisan immigration policy ensures displacement, and eventual replacement by third world immigration. Although a whole range of demographic and social indicators don't look good at present, these trends need not be terminal – which reminds me of an alternative title I considered for this article, "Immigration Overdose: When tonic turns toxic, STOP!"

For the hyper-informed readership of activist newsletters and journals such as *The Social Contract*, the daily deluge of bad news from the mainstream media continues to confirm our worst fears about where immigration is taking us. We sift and clip, copy and fax, post, email, download and quote, discuss, catalogue, file, and otherwise integrate and incorporate the latest details into a broader more intricate mental landscape of related information. Sometimes for we realists, it may all seem a bit daunting or depressing even, but that's only to be expected:

> *Indeed some studies have postulated the existence of "depressive realism," on the basis of evidence which suggests that depressed people have a more realistic assessment of both their level of control over events and their likely future circumstances than the non-depressed... those who are in a condition of mild depression that tend to see themselves and their world with the least amount of cognitive distortion.* [6]

So there you have it – our well-earned excuse to wallow in the occasional downer. Yet, irrepressibly, we are the types who leap at the letterbox on arrival of the latest edition of expert distillations on our collective predicament. We read in wonderment the detailed mirroring of our local immigration-derived problems reflected from around the world. We observe increasing numbers of journalists who are no longer able to so comprehensively avert their gaze from immigration's multifaceted downside. They signal an awakening that is as yet inchoate as it is general among Europeans worldwide: that Third World mass immigration and multiculturalism are unfolding disasters, only brought into sharper focus and magnified since 9/11. As social capital heads south along with social cohesion in increasingly multiracial "western" countries, collective white survival anxiety must eventually rise as a result. But what of the white masses around the world right now? Do they not fret as we do over the immigration/ multiculturalism/ demographic bad news stories sprinkled throughout the media? Do they not ponder a dim future for them and theirs? As T.S. Elliot observed in his *Four Quartets,* "humankind cannot bear very much reality," a concept perhaps reflected by some recent research:

> *Humans possess a psychological immune system that allows negative events to fade from memory much faster than positive ones... Researchers have found the human memory to be heavily biased toward the positive. But far from simply being in denial, the study says our memory systems process pleasant and unpleasant emotions differently. The study to be published in the* Review of General Psychology *says that the fading of negative memories faster than positive ones should be viewed as a "healthy coping process."* [7]

"Perhaps that might be one explanation..." –so mused Jean Raspail through his narrator (more than once) in *The Camp of the Saints* when pondering the docility of the "paralyzed west" facing imminent immigration inundation. [8]

Having blacked out for too long under the accelerating G force of immigration-induced social change, more of our opinion makers and leading writers are awakening in white-knuckled fright to an imminent civilizational psycho-sonic boom-crash scenario. With immigration's reality kicking in so rudely and widely, some of print and TV journalism's long-embedded left are turning right. In Britain especially[9] they are stimulating the release of more adrenaline fueled "future fear" into the white English-speaking world than has been pumped into its mainstream organs since Australian Prime Minister Billy Hughes, along with President Woodrow Wilson, won their unorthodox tag-team TKO at the post-WWI Paris Peace Conference. Against the odds, and at times

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each other, these two men prevailed to ensure immigration restriction and regulation remained in the domestic policy domain of sovereign nations. They stopped immigration becoming the plaything of internationalist do-gooders in Paris and thereafter at the soon forthcoming League of Nations.

We live in hope. It's only the end of the beginning. The fat lady is merely clearing her throat. There is every chance that eventually she'll be singing our song, in harmony with a growing chorus of those who are now hurriedly rehearsing to make the lyrics their own. ■

NOTES

1. Melbourne's *Sunday Herald Sun*, 25 May 2003, "African intake to rise."

2. The *West Australian*, 23 July 2003, "Police plan gang squad." "It will respond to the bloody machete and knife fights between the Asian gangs…the unit will also target the predominantly Lebanese gang the Sword Boys and smaller groups including an African gang with the potential to develop into a powerful…"

3. On the Australian Government website covering immigration health clearances updated to 30 June 2003, all the predictably exculpating caveats are cited including:

> "Australia's health requirements are designed to:
>
> a) Minimize public health and safety risks to the Australian community;
>
> b) Contain public expenditure on health and community services including Australian social security benefits, allowances or pensions… No health condition with the exception of tuberculosis automatically precludes the issue of a visa…where signs of earlier infection, however small or old are apparent…you will not be permitted to visit Australia until you have completed recommended treatment and successful re-testing" Needless to say, cases of TB x-ray substitution fraud are not unknown.

4. Australians Against Further Immigration with Graeme Campbell, former Federal MP for Kalgoorlie, expended great effort and attracted much P.C. flack for politicizing the immigration – Hep B connection as spelled out herein by the medical profession heavy-weights. A Federal Government recommendation for childhood Hep B immunization was eventually declared in May 2000 with little fanfare and no public acknowledgement as to Asian immigration being the driver of the belated recommendation.

5. Cited from an Australia First Media Release by Campbell and McCormack, 6 April 1997.

6. *Cultural Pessimism: Narratives of Decline in the Post-modern World* by Oliver Bennett, Edinburgh University Press 2001, pp.194-5.

7. Melbourne *Age*, 10 June 2003 "Bad News? Forget it, we all will."

8. *The Camp of the Saints* is available from The Social Contract Press.

9. There is next to no daylight between what the top end anti-immigration literature has been saying for fifteen years and the recent anti-immigration writings of widely published British journalists like Anthony Browne, Melanie Phillips, Peter Hitchins et al. Sample Anthony Browne in *The Spectator,* 2 August 2003: "Some truths about immigration" (or "Britain is losing Britain" also by Browne in *The Times*, 7 August 2002) in which immigration/public health concerns are worked in well with all the usual themes. British tabloids such as *The Daily Telegraph, Daily Express*, and *Daily Mail* have been pounding the Blair Government on immigration's downside, including its impact on the National Health Service. For a good summary see *Spearhead*, September 2003, "The great health scandal" by Rob Smyth. Also a very useful and welcome change has been BBC Radio World Services' frank reportage on immigration. Race demographics, multiculturalism's dilemmas, and mounting asylum problems are now getting something closer to the coverage they deserve on BBC radio which is in stark contrast to their previous studied neglect of these issues.

General Motors Contributes $2.5 Million To National Council of La Raza

Funds Devoted to Build National Headquarters for NCLR, and for Partner Hispanic Organizations

New York, NY (HISPANIC PR WIRE)

June 27, 2003

The National Council of La Raza and General Motors jointly announced today a $2.5 million GM contribution to the National Council of La Raza's "Empowering an American Community Campaign." The funds will go specifically to purchase a centrally located building in Washington, D.C. The building will serve as the organization's headquarters. The NCLR will also work to house partner Hispanic organizations in the building, including member organizations of the Hispanic Association on Corporate Responsibility.

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Raising More Than Pigs

China's unsafe farming practices and the exportation of lethal viruses

by Hamish McDonald

In a smoky brick shed atop a bank between fish ponds, Yang Jian, a stocky woman wearing red plastic gumboots, squats by a bubbling cauldron of brown slop and pokes the coal fire underneath.

"It's leftovers from restaurants, and sometimes it's already gone off, so we boil it up to make it sterile," she says. Pointing to plastic sacks in a corner, she adds: "We mix in corn and wheat flour for extra body."

The customers for this meal live in a four-meter enclosed pen next door. Eleven glistening snouts and pairs of eyes come toward an approaching human. The young pink and white pigs collapse in a sighing, grunting heap when no slop is poured into the concrete trough.

Mrs. Yang and Wen Qing, a fellow pig farmer calling by for a chat, say the pigs occasionally develop a shortness of breath from chilli, and tend to catch colds in changes of weather. "We give them an injection," said Mr Wen. "We just buy the antibiotics like penicillin in town. We usually don't call a vet, we know from our own experience what to inject."

In this village called Dongxing on the fringes of Foshan city, rural and industrial China live side by side. Dongxing's 700 residents live in a tight settlement of newish, three-storey townhouses and flats surrounded by a belt of fish ponds and neat market gardens. But most of their wealth comes from selling and letting more distant land for factories and apartments, visible on all sides.

Foshan, a city of more than 3 million people, is one of the specialized manufacturing cities that make southern China's Guangdong province a workshop for the world. Foshan is probably the global bathroom and toilet capital, with street after street of showrooms full of porcelain and ceramic wares.

But currently it is more noted for another possible export. It was here, mid-November, that the first known case of the lethal pneumonia called severe acute respiratory syndrome (SARS) has been pinpointed. The Chinese public servant who came down with it recovered, but infected four other people and the disease has since spread worldwide, claiming 82 lives.

Guangdong and the nearby autonomous former British colony of Hong Kong, however, have been hardest hit, and the SARS epidemic has refocused attention on this region's record as a source of devastating new epidemics of influenza, including possibly the "Spanish flu" which swept the world in 1918-19 killing over 20 million people.

> ***"The Chinese public servant who came down with [SARS] recovered, but infected four other people and the disease has since spread worldwide..."***

Dongxing is just one example of how Guangdong's 80 million people live close to the animals, poultry and fish they eat. At another piggery close to Mrs. Yang's, a farmer keeps young chickens next to his pigs. All the piggeries empty their waste into

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***Hamish McDonald**, on the staff of Australia's* Sydney Morning Herald, *is their correspondent in Foshan, China.* ©2003. Reprinted by permission.

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the ponds where shrimp and grass-carp are raised for the table.

In other places, battery chickens are kept above the pig pens, feeding their waste into the pigs' food troughs. The close proximity and cross pollution adds to the risk of animal viruses infecting humans, either directly or via pigs

"It's a complete soup of chemicals and viruses," says Christine Loh, a former legislator and head of the Hong Kong think-tank Civic Exchange, who is one of the city's leading analysts of environmental questions.

She says little has been done since an epidemic of avian flu hit Hong Kong in 1997. This flu variety jumped from poultry to humans, affecting hundreds of Hong Kong residents and killing six. Health authorities ordered the slaughter of 1.5 million chickens and ducks to prevent it spreading further.

The avian flu did not transmit between humans, making the killing of the bird hosts a preventative option. But the nightmare anticipated by the World Health Organization is for a lethal new disease like SARS to combine with genetic sequences from an influenza virus in the cells of a host with both infections, and create a new pandemic on the scale of 1918.

In Nanzhuang, another town in Guangdong, Fu Dewu keeps ducks for their eggs in a corner of land above a fish pond, camping with fellow workers in a corner of the bamboo and tar paper shanty where the ducks roost. Mr. Fu says he has never been visited by health officials to be given any guidance on safe practices.

He lost half his 5000 stock of ducks to a second wave of avian flu in 1999. The affected birds were not slaughtered, however. "Some people came from Shenzhen [the export city next to Hong Kong] and took the infected birds away in their truck," he said. "They were going to sell them for meat. People have no scruples around here. Only money counts."

Farmers like those in Dongxing have free access to antibiotics that officially require a doctor or vet's prescription, adding to the risk of dangerous bacteria developing immunity to the drugs. Even in the provincial capital Guangzhou, one of China's largest cities, antibiotics are freely sold over the counter along with traditional herbal remedies. ■

Bush Lays Off Congress; Will Outsource Lawmaking to India

WASHINGTON – Citing the growing cost of running the Federal government and the need to cut costs in order to reduce the budget deficit, President Bush announced today that he was laying off all 535 members of Congress and transferring lawmaking operations to a legislative support center in Bangalore, India. "Hey, outsourcing is the way to go these days," said Bush at an impromptu news conference where he announced the decision, adding, "the American people want to see less government waste. Since every one of those ex-Congressmen had a salary of $150,000, this move will cut our costs by over $80 million per year, and that's not even counting what we'll save on health insurance and retirement plans." Sources indicate that the Indian replacements will be paid approximately $250 per month.

The outcry from the newly laid-off Senators and Representatives was swift. Ex-California Senator Diane Feinstein said, "This is absolutely outrageous. How can a bunch of replacements over in India run Congress? What do they know about filibusters and committee hearings?" As she was being escorted out of the Hart Senate Office Building by U.S. Capitol Police officers, Feinstein complained that the newly-terminated lawmakers were only given ten minutes to clean out their desks and leave the building.

"I think it's a great idea," said Vice President Dick Cheney, speaking from a secure undisclosed location. "The American people were fed up with that expensive do-nothing Congress which didn't always give the President everything he asked for. Our new Indian replacements will be much more cooperative to the President, which is what we all want." Asked whether the outsourcing may be unconstitutional, Cheney noted, "That's up to the Supreme Court to decide, but as you know, they usually see things our way."

The new members of Congress seemed thrilled with the attention they are receiving. Speaking from the offices of All-India Legislative Support Centre, Ltd. in Bangladore, new Mississippi Senator Ramchandra Shektar Gupta told reporters, "The Indian people are very hard working and we will do our best as U.S. Congressmen and Congresswomen. And we are going to have some fun, too. Just think: we have $2 trillion of the American taxpayers' money to spend!"

– from *The Baked Beaver* Copyright © 2003 by Jay Slupesky

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The 'Temporary Worker' Plan

We could have two disasters in one

by Juan Mann

The so-called "temporary worker" scheme currently lurking in Congress could be a knockout punch for the American worker and one of the most prolific illegal alien amnesties of all time.

Under the ludicrously misnamed "Border Security and Immigration Improvement Act," H.R. 2899 and S. 1461 conceal a deadly one-two punch against America: a massive scheme to import new foreign workers into the United States, and an amnesty plan for illegal aliens already in the United States.

This lunacy is the brainchild of three Arizona Republicans – House members Jim Kolbe and Jeff Flake, and Senator John McCain. The bills were introduced in the House and Senate on July 25. And as of early August, the Bush Administration is showing support.

"The president was enthusiastic about the bill," said Kolbe. "He is supportive and told us to take the legislation up with his staff." [*Bush says he supports Kolbe-McCain-Flake immigrant worker bill*, Aug. 11, 2003, David Pittman, *Tucson Citizen*].

The plan adds two new visa categories to the existing laundry list of non-immigrant visas in section 101(a)(15) of the Immigration Act. It creates a new visa process under section 218A of the Act, and amends section 251 of the Act.

The plan will allow an apparently unlimited number of brand-new foreign workers under a new H-4A category, and will grant new H-4B visas - also apparently unlimited – to illegal aliens and to visa over-stayers who are already working in the United States without authorization.

Here's a handy memory aid for the proposed new visas:

> H-4A visa – "The Foreign Worker Importation Act of 2003."
>
> H-4B visa – "The Illegal Alien and September 11th Hijacker Adjustment Act of 2003."

The H-4A aliens will be new arrivals who apply for their visas at U.S. consulates abroad in order to take pre-arranged jobs in the United States that Americans supposedly won't do – or won't do for what the employers are willing to pay, more accurately.

The H-4A applicants will miraculously apply and be hired for American jobs while they're still in their home countries, and while Americans are unemployed at home. Amazing, isn't it?

Successful H-4A applicants will be imported for three years, renewable for another three years. Corporations employing more than 500 workers can get in on the H-4A action for a one-time fee of $1,000. Smaller companies can buy the privilege of importing foreign workers for even fewer pieces of silver – $500. Each lucky H-4A alien will pay an additional application fee, to be determined later.

After getting a foot in the door with non-immigrant status, the next step for these newly-minted non-immigrants will be to file for permanent residence through the very same employer or perhaps through a new-found family member.

And after seven years with a "green card" – *voila*! – United States citizenship.

Non-immigrant visas are intended for foreign tourists, students, diplomats, journalists, crewmen, nurses, artists, entertainers, language students, cultural exchange visitors, and certain of their spouses and

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***Juan Mann** is a columnist on VDARE.com, and the proprietor of DeportAliens.com. This article was adapted from a column originally appearing in VDARE.com on August 11, 2003.*

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children. The visas allow foreign nationals into the country legally for limited purposes, without resorting to sneaking in through someone's ranch, or in the trunk of a car.

Whether any non-immigrants ever actually leave the United States is another story. But under this new "temporary worker" plan, non-immigrants who let their status expire (along with those who never had status in the first place) can apply for an H-4B visa and become legal again.

Amazingly, the H-4B visa program is reserved for illegal aliens only. It snubs the law-abiding student and tourist to reward scofflaws who take American jobs without authorization. Being illegal is a *requirement* for the H-4B visa!

Illegal aliens who claim to have been living and working illegally in the United States prior to August 1, 2003, can apply for a three-year H-4B visa for $1,500. And if they can't afford the $1,500 fee all at once, Secretary Tom Ridge's friendly Department of Homeland Security will extend them credit at market rates – honest! [H.R. 2899, Sec. 4 (a) – "Sec. 251 (b)(2)(B)(ii)"]

The three-year H-4B visa allows aliens and their willing American employers an extension for as long as it takes to change status over to the H-4A category. And once the former illegal aliens cleansed by their H-4B visa make the jump over to the H-4A status, the clock starts all over again. As newly-minted H-4A aliens they'll get three more years of employment, renewable for yet another three years, increasing their chances of finding a way to petition for permanent resident status.

But who will get the H-4B visa amnesty?

Remember the September 11th terrorists who came to the United States claiming to be foreign students, but never attended class – or were "tourists" who just disappeared?

If the jihad fanatics managed to find willing H-4B employers, they would have been eligible to change back to legal non-immigrant status under this insane plan. They also could have prolonged their stay even longer by adjusting again from H-4B to H-4A.

But the H-4B "Illegal Alien and September 11th Hijacker Adjustment Act" gets even worse. The H-4B visas throw a gigantic monkey-wrench into the already ludicrous and delay-ridden Immigration Court system of the Executive Office for Immigration Review – EOIR.

Thanks to the H-4B amnesty, aliens will be able to stop their deportation proceedings, file for a three-year visa, and walk out of Immigration Court with lawful status all from the very same process that was supposed to be deporting them!

Stopping deportation proceedings for illegal aliens sure looks, walks and talks like an amnesty. Here's the smoking gun:

> *Notwithstanding* ***any provision of the Immigration and Nationality Act****, the Secretary of Homeland Security* ***shall not order any alien to be removed*** *from the United States, if the alien is in exclusion, deportation, or removal proceedings under* ***any provision of such Act*** *and has applied for adjustment of status under subsection (a), except where the Secretary has rendered a final administrative determination to deny the application. [H.R. 2899, Sec. 4 (a) – "Sec. 251 (d)(2)"]*

And if an alien's H-4B application gets denied someday due to criminal grounds of inadmissibility in the Immigration Act – who cares! They've just successfully tied up their own deportation proceedings for an eternity while waiting for their fellow 8.4 million illegal alien workers to have their H-4B adjustment applications decided too.

To the bill's credit, H-4B visas technically would not be available to aliens listed in Sections 212(a)(2), (3), and (4) of the Immigration Act. These sections cover aliens who have committed "crimes involving moral turpitude" (various types of fraud or thievery), drug crimes, prostitution, national security grounds, terrorism, Nazi war crimes, or aliens likely to become a "public charge."

But just because these Section 212(a) grounds are on the books, it doesn't mean they're going to be enforced.

If aliens lie on their H-4B applications, there is little an examining officer can do to find out if a benign-looking student is really a foreign agent or an aspiring terrorist. Those who use their real names that happen to be listed in known databases will be stopped. But chances are that few jihadists would ever mark the "terrorist" box on a visa application.

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And if the illegal aliens can't "prove" they were present in the United States working illegally before August 1, 2003, no problem! They'll have the chance to just phony-up some documents like millions of their brethren did for the prolific 1986 amnesty give-away.

If the great "green card" amnesty of seventeen years ago was any indication, interviewing all the H-4B visa applicants coming out of the woodwork is going to take some time. International banker Eduardo Aguirre's crack team at the former INS – now the Bureau of Citizenship and Immigration Services – will be ready for the deluge, right?

But who cares if the deportable aren't deported anytime soon when there are so many jobs to be done for minimum-wage, right?

Unfortunately, the deliberate non-deportation of aliens in the federal immigration bureaucracy is nothing new. The H-4B visa is just one more below-the-radar amnesty program, and yet another get-out-of-jail-free card in the ongoing permanent amnesty that is the Justice Department's EOIR Immigration Court.

But the story won't end here. The H-4A and H-4B visas are also just one more example of the alarming trend of allowing huge numbers of foreign nationals to live and work legally in the United States, while leaving them in a bureaucratic limbo of government processes without actually passing out "green cards."

With "non-amnesty" amnesties now in vogue, the non-immigrant visa has become an avenue of choice for "regularization" of the illegal. The recent "V" visa category for illegal alien line-jumpers follows in the footsteps of the Section 245(i) stealth amnesty give-aways of the late 1990s.

The recent LIFE Act – with its "late-amnesty" and "V" visa category – the "Child Status Protection Act," and Section 245(i) relief were all non-deportation amnesties for any illegal aliens with available petitioning relatives in the United States. The "temporary worker" scheme just picks up where they left off.

Just as the previous programs effectively non-deported any alien who had someone available to file immigrant petitions for them, the H-4B visa will non-deport anyone who can find an employer willing to file a newly-created non-immigrant visa for them. Then H-4B aliens then make the jump over to the H-4A pipeline, and buy even more time to find a pathway to permanent resident status … all while living and working in the United States.

If all of these aliens are given some type of status, and none of them are going to be deported, it sure sounds like amnesty to me.

Expect a great blast of hot air to the contrary from the pro-immigration establishment soon. But don't say you weren't warned. ■

I pledge my allegiance to the flag..
...of the People's Republic of CHINA. And to the slave labor for which it stands--ONE DOLLAR per hour —insignificant!— with benefits and tariffs toward NONE.
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Robbing the Soil of Its Future

Conservationists exchange letters

by John H. Tanton

Publisher of The Social Contract *John Tanton engaged Dr. Norman Borlaug and Dr. David Pimentel in a conversation about resource depletion as follows:*

April 2, 2003

Dr. Norman E. Borlaug
Distinguished Professor of International Agriculture
Soil & Crop Sciences
217 Heep Center
2474 Texas A&M University
College Station, TX 77843-2474

Dear Dr. Borlaug:

I'm a farm boy turned physician, and longtime admirer of your work. In recent years, I have been trying to school myself up on energy questions, and have noted with interest proposals that part of our future energy should come from biomass.

This conflicts with my boyhood experience on the farm of trying to add as much organic matter to the soil as possible, ... and not cart it away. We planted rye after the navy beans came off for the winter cover and a spring green manure crop. The small grains were inter-planted with sweet clover or alfalfa for pasture, or a green manure crop. We put the manure from farm animals back on the fields.

As an adult gardener, I have had the same experience. I have hauled hundreds if not thousands of bags of grass clippings and leaves into my garden, thereby markedly improving the tilth, erosion resistance, and water-retaining ability of the soil. Of course, what I have also been doing is hauling in carbon to act as an energy source for the myriad organisms necessary to soil health.

My understanding of minimum tillage practices is that they have in part the same goals: retention of organic matter, especially on the surface, in part to retard wind and water erosion.

But now we are seeing proposals for hauling off not just the corn grain to the alcohol fermentation plant, but also the cobs, husks and stalks to serve as fuel for power plants. Basic0ally the roots are all that would be left. I'm sure that for some crops in some situations, there is surplus organic matter that could be harvested. I would guess that tropical soils might be even less suitable than temperate ones for a regime of hauling away "surplus" organic matter.

> ***"...removing all of the crop residue and converting [it to fuel] does not make sense in the long run."***

I enclose a paper by James Woolsey in which I have highlighted references to this practice. It shows the extent to which it is anticipated.[1]

If you have an opinion of or position on this practice, and an extent to which it is healthy for the soil, I would very much like to learn it. I would encourage you, as the best-known agriculturist in the world today, to let your opinion be known.

Thank you for your consideration.

Cordially,

JOHN H. TANTON M.D.

* * *

John H. Tanton, M.D., *publisher of* The Social Contract, *is a retired ophthalmologist living in Petoskey, Michigan.*

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Dr. Borlaug Replies

August 12, 2003

Dr. John H. Tanton
445 East Mitchell St
Petoskey, MI 49770-2623

Dear Dr. Tanton:

Forgive me for the long delay in replying to your letter of April 2nd, 2003. I will briefly try to answer the questions which you posed in your letter.

The first four paragraphs of your letter, you are entirely right in the procedures which you followed as a young man growing up on a Michigan farm. Those procedures are still fundamentally correct today and the best way to reduce erosion, add organic matter to the soil and by so doing add nutrients for the next or future crops. The procedures you used for inter-planting small grains with sweet clover, alfalfa or clovers for either pasture or green manure are still valid. The use of animal manure that is available within the farm is still recommended for use. However, more and more of the Mid-western farms do not have livestock, so the manure from livestock is very often at the present not available for use in cropping systems. Of course, there has been a tremendous increase in the use of chemical fertilizers, especially nitrogen and phosphorus, which have contributed to increasing the yield of our American agriculture tremendously.

The ideas by Mr. Woolsey of trying to reduce our consumption of fossil fuel by removing all of the crop residue and converting this does not make sense in the long run. I am of the firm belief that we must continue to use fossil fuel for our transport system, for our farm power, and also for generating electricity in general. Of course, in some countries the amount of energy, especially for electric power, from atomic reactors has increased dramatically. In the long run, I think there will be a gradual tendency to capture more of the sunlight and use it for power sources. This will be slow in coming, nevertheless.

One of the new developments of the last 15 years has been zero-tillage, or minimum-tillage. This involves for the most part leaving crops residue on the surface to protect the soil against erosion either from water or wind, but at the same time over a period of the years adds organic matter to the soil just as you are doing in your garden. The one difference is that you are bringing much grass cuttings from neighbors' lawns and gardens and wisely adding it to your garden. By the addition of these large amounts of organic matter, you are not only increasing and improving tilth and water-holding capacity, but you are also, as the organic clippings or grass clippings decompose, adding nitrogen, phosphorus, potash and other plant nutrients.

This type of organic farming is appropriate and economically viable for family gardening, or for small farms close to an organic "niche" market that will pay a premium price for organically grown food. Organic farming, however, can play only a minor role in producing the food for the world's huge population that continues to grow at a frightening rate. In order to give you a feel for how this demand for food has grown, I need only to cite the change during my lifetime. When I was born in 1914, world population was about 1.6 billion people. Today, we are more than 6.2 billion and having 80 million more added every year. Unfortunately, most of that growth in population at the present time is occurring in developing nations which are already deficient in food production and therefore the problem in some of those countries is worsening, rather than improving.

"It would be a disaster to remove crop residues from our agricultural land. ...in most developing countries people are forced to burn crop residues – a disaster! "

I have seen in my nearly 60 years of foreign experience in agriculture a tremendous increase in food production in some of the food-deficit nations such as China, India, Pakistan, Indonesia, who have become self-sufficient in basic foods. Distribution of all of that food is far from perfect and therein lies one of the great difficulties. We must not only think of producing enough food, but also how to have it distributed so that it reaches the stomachs of many

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hungry people who are short of purchasing power, either because of unemployment or underemployment.

I am glad to see that you as a medical doctor continue to have interest in the land and soil fertility, food production, human nutrition and environmental issues.

Sincerely,

NORMAN E. BORLAUG

* * *

David Pimentel Comments

June 26, 2003

Dr. John H. Tanton, MD.
The Social Contract
445 E. Mitchell Street
Petoskey, MI 49770-2623

Dear Dr. Tanton:

Many thanks for your letter concerning energy questions and the interview with Jim Woolsey. Incidentally, I just substituted for Jim Woolsey at a conference on renewable energy at the National Defense University. I note that we agree that ethanol is a loser, but I do not agree with JW concerning the use of crop residues.

Before I comment about the problems with using crop residues that you identified, I am sending you under separate cover a copy of our paper on ethanol that is due to appear in *Natural Resources Research* next month.[2]

Like you, I have been adding leaves to my garden and also using the leaves as mulch. I get two large (2.5 ton) truckloads of leaves dumped on my lawn each year. The Village of Cayuga Heights collects these leaves from people who place them in rows along the front of their lots. I then use them to add carbon and nutrients to my soil. After 25 years of applying leaves to my garden, my soil is a beautiful black color and can be worked with only a hoe without tillage.

It would be a disaster to remove crop residues from our agricultural land. The average soil erosion on cropland in the U.S. is about 20 t/ha/yr, which is about 10 times the soil sustainability rate. If crop residues were removed as proposed by JW, erosion rates would increase more than ten-fold. Incidentally, Dr. Troeh at Iowa State University reports that about $20 billion in fertilizer nutrients are lost each year due to soil erosion.

Few people appreciate that it takes 500 years to replace 1 inch of soil under agricultural conditions and we need a minimum of 6 inches to grow a crop. I personally rank soil erosion, after population growth, as the most serious environmental problem worldwide. Soil erosion rates are intensifying in most developing countries because of wood fuel shortages and the people are forced to burn crop residues – a disaster!

Again, thanks for writing about an important concern that we both have. Harvesting crop residues from our land will lead to wholesale destruction of the land and damage its productivity.

Best wishes,

DAVID PIMENTEL

* * *

NOTES

1. "Woolsey On Alternative Fuels" by Bill Moore, EV World, March 8, 2003, www.EVWorld.com. In this paper, James Woolsey, former director of the CIA calls for turning agricultural "waste" (including manure!) into fuel (ethanol/gasohol).

2. News of Dr. Pimentel's article can be found at: http://www.news.cornell.edu/releases/Aug03/ethanol_subsidies hrs.html.

You Can Make a Difference

Please join the Sierra Club in time for the Spring vote. In 2002 and 2003, Sierra Club members elected Board members truly concerned about rapid and endless U.S. population growth. Please help elect more strong conservationists – leaders who will redirect this vital organization toward genuine environmental stewardship, which must include U.S. population stabilization.

If you are concerned about the environment and are not a member of the Sierra Club, please join by year-end so that you can vote in the Spring, 2004 election. Your vote will make a difference.

Join the Sierra Club for $25 online at http://www.sierraclub.org/membership/ or print a mail-in form. Or contact membership.services@sierraclub.org

Sierra Club, 85 Second Street
San Francisco, CA 94105
415-977-5500

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Carrying Capacity, Exponential Growth, and Resource Wars

Ethical dilemmas of human society

by John Cairns, Jr.

Biological carrying capacity is the number or biomass of organisms that a given habitat can support and involves two levels: (1) maximum or subsistence density – the maximum number of individuals who can eke out an existence in the habitat and (2) optimum or "safe" density – a lower density at which individuals are more secure in terms of food, resistance to predators, and periodic fluctuations in the resource base (Odum, 1996). Most humans would endorse the improved quality of life offered by the optimal density level, but they continue to use resources recklessly, which makes a subsistence lifestyle increasingly likely.

Exponential growth involves increases in such measures as population density and/or resource consumption. Global human population growth illustrates this point quite well. The first Earth Day in the United States included a major emphasis on human population problems at that time with a world population of 3.6 billion. The Earth Day celebration in 1990, 20 years later, saw a population that had increased by 1.7 billion to 5.3 billion. Near the end of the 20th century, global human population passed six billion. Moreover, per capita resource consumption had increased dramatically for a substantial portion of the human population. Benjamin Franklin (1775) remarked on population growth, as did Thomas Malthus (1798), so the concept is far from new. Despite these early warnings, societal use of resources has become increasingly unsustainable since resources are unlikely to expand exponentially, despite the exponential increase in population and consumption of resources.

Resource wars occur when a political entity decides to acquire resources that are unobtainable by conventional means. The two world wars and the Gulf War are good examples of resource wars. Hitler wanted "living room" and resource-poor Japan needed just about everything. The Gulf War was clearly a result of Saddam Hussein's intention to acquire control of even more of the world's oil reserves. Wars both consume and damage natural and other resources and, thus, lower carrying capacity and quality of life.

> ***"History is a vast early warning system."***
> **— Norman Cousins**

The Basic Issue

The basic issue is: why should an already crowded planet, on which the human population is destroying natural systems (its ecological life support system) at an unprecedented rate, be eager to continue exponential growth in both population and per capita resource consumption? Why, when half the world's population has inadequate food, shelter, education, and medical care, should the countries with the worst problems not receive major assistance to stabilize their populations until all citizens have at least subsistence levels of all four categories? Why should countries

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with optimal per capita resources permit immigration rates that will quickly push the countries beyond their carrying capacity? Additionally, why should these affluent countries enable poor countries to reduce temporarily the impact of exponential population growth by exporting people? These exports are often the most talented people in the poor country and are badly needed to help solve problems there. Inadequate resources cause resource wars. Why are badly needed resources being diverted to acquire resources by forceful means instead of using available knowledge to develop policies and practices appropriate for sustainable use of the planet? Why have we so little regard for posterity that we encourage the kinds of growth that exacerbate these unsustainable conditions?

Revisiting Hardin

For much of my career (spanning more than half a century), I have avoided publishing on population problems. After all, Garrett Hardin eloquently discussed all major aspects in *Population, Evolution and Birth Control* (Hardin, 1969) and a variety of other books, journal articles, and pieces in the popular press. What more could I possibly add? Still, unsustainable practices not only persist but are worsening, and the prospects for the future of humankind are being seriously, arguably fatally, jeopardized. Nevertheless, one cannot avoid the personal responsibility for following one's conscience. As Hardin has remarked in many publications, the global political system is dedicated to worshiping the unmanaged commons, which is not compatible with sustainable use of the planet. No matter how many ways humankind finds to express an unpalatable truth, it is impossible to avoid natural law. It is abundantly clear that billions of people are not adequately fed and housed, and resources are being depleted at a rate far greater than they are being replenished.

Finally, the most important reason for keeping these issues alive is that, when a catastrophe does occur, there will be the usual responses from the world's leaders: "why wasn't I informed?", "the evidence was primarily junk science, I wanted to wait until the uncertainty was eliminated," "it would have had an adverse effect upon economic development," and the like. The resistance to these ideas is intensifying. At present, enough evidence has been accumulated to show the fallacy of believing in limitless resources on a finite planet. Ever increasing material wealth for an ever increasing human population is an illusion. Nature enforces limits on other species – technology and creativity do not exempt humankind from these laws of nature.

I have singled out Hardin for this discussion despite the number of other scientists and professionals who have made significant contributions to the study of the consequences of overpopulation. Hardin has focused on this problem far more than those of us with other academic interests. Moreover, he keeps expounding on the message, despite almost overwhelming, discouraging evidence. We must all remain optimistic that reason will prevail. Even if reason does not prevail, and one or more major catastrophes occur, there must be evidence that alternatives to humankind's present unsustainable practices are readily available. Unmanaged use is driven by very powerful economic and political forces, but the laws and forces of nature always prevail. Ultimately, populations of all species, including humans, must remain within the planet's carrying capacity or suffer major declines.

Eco-ethics

As Ehrlich (2001) notes, there is no question that *Homo sapiens* is causing the sixth major era of biotic extinction but is also altering the course of evolution for millions of years into the future. He notes that the ethical questions about intervention are very similar to the closely related issue of the preservation of biodiversity (Ehrlich and Ehrlich, 1981). Plato (Honderich, 1995) and Kant (Gregor, 1996) believed that there exists a universe of ethics quite independent of the universe humankind inhabits. For these scholars, the question of the ethics of redirecting evolution already exists. Nitecki and Nitecki (1993) believe that ethics are a component of the evolutionary process and therefore "good." Ehrlich (2001) believes that the capacity to hold and share values is a component of human evolution. This view appears most congruent with: (1) sustainable use of the planet, (2) limiting human population size, and (3) severely reducing the rate of immigration from countries that have already exceeded their carrying capacity.

Ehrlich (2001) asserts that the evolution of ethics appears to be a product of a complex brain that evolved for, in part, interacting with other intelligent

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individuals living in small social groups (e.g., tribes). He notes that the genesis of ethics seems to trace to the appearance of empathy, which is "walking in another person's shoes." The capability of considering the mental processes of members of one's tribe or group and relating emotionally to their states probably resulted in a reproductive advantage and probably was a predisposition created by natural selection. Genetic components simply cannot incorporate adequate "instructions" into the brain's structure to program an appropriate reaction to every conceivable behavioral situation or even a very large number of them (Ehrlich, 2001). This description is appropriate for the situation for both carrying capacity and sustainable use of the planet. Achieving an operable level of consensus on both will be a monumental but essential goal for human survival.

"...overpopulation can be avoided only if borders are secure; otherwise poor and overpopulated nations will export their excess to richer and less populated nations. It is time to turn our attention to this problem."
– Garrett Hardin

A very carefully reasoned ethical argument for both carrying capacity and sustainable use of the planet should, at least, reduce the number of unsustainable practices that now make the planet less habitable for posterity. At present the choices between sustainable and unsustainable practices is difficult for most people. They are constantly being told that such choices need not be made. Worse yet, ethical evolution always lags behind technological evolution because the benefits are constantly touted while the environmental "surprises" are not.

As the human population continues to grow, the areas of the planet not already at full carrying capacity will reach that dangerous point. This situation will occur even with a falling birth rate if immigration is not severely limited or reduced to zero net immigration.

Ethics and science are interrelated and interactive and need to be integrated in a holistic way. Ethics is the sine qua non of human society, providing value systems for humankind's models for conduct. However, ethics can only expound on what to do – science is essential for illuminating what can be done. All the issues in this article involve viewing *Homo sapiens* as a part of nature and require a balanced co-existence with the 30+ million other species on the planet, which collectively constitute the biospheric life support system.

The development and implementation of eco-ethics is the most important prerequisite for attaining and maintaining a harmonious relationship between human requirements and ecosystem carrying capacities and, thus, also for lengthening the span the human species can persist. Only through a development and application of eco-ethics can a catastrophe of gigantic dimensions be avoided (Kinne, 2001). The goal is to maintain Earth as a suitable habitat for humankind for many generations. However, this suitable habitat requires treating the interdependent web of life as inviolate and acknowledging humankind's dependence upon it.

Why Worry? We Have Plenty of Time

Since most people think linearly rather than exponentially, any type of exponential growth catches them unawares. A two percent growth rate seems harmless, but the resulting doubling time is 35 years. For a town, this growth means doubling housing, schools, utilities, police and fire protection, and roads every 35 years. Policy makers rarely plan for exponential growth in most areas of life, but are obsessed with it for the stock market, corporate earnings, and increased size of towns, cities, church congregations, and the like. The importance of exponential growth is that it causes populations to exceed carrying capacity through both size and increased depletion of resources. Nature levies brutal penalties for exceeding carrying capacity, such as famine, disease, and war. Regrettably, people are not alarmed by exponential growth because those with

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short-term memories regard present circumstances as normal. For example, the rate of human population increase is regarded as normal although, in terms of geologic or evolutionary time, it is aberrant.

The global extinction of species crisis is well known. But as Myers and Knoll (2001) note, probably more significant in the long term is that the crisis will disrupt and deplete certain processes of evolution, with consequences likely to persist for millions of years. This biotic crisis is the result of human activities that will be difficult to change. Tilman and Lehman (2001) believe that human-caused environmental changes are creating regional combinations of environmental conditions that, within the next 50 to 100 years, may fall outside of the envelope within which many of the terrestrial plants of a region evolved. Although mass extinctions probably account for the disappearance of less than five percent of all extinct species, the evolutionary opportunities they have created have had a disproportionate effect on the history of life (Erwin, 2001). Mass extinctions to cause a collapse of ecospace, which must be rebuilt during recovery (Erwin, 2001). A delay of about five million years has long been apparent in the Early Triassic, after the end of the Permian mass extinction (Erwin, 2001).

Invasive species are also a major factor in environmental disequilibrium. Elton (1958) was one of the pioneers to state that one of the great historical convulsions in the world's fauna and flora is occurring. This event is the result of a drastic breaching of biogeographic barriers that previously had isolated the continental biotas for millions of years (Mooney and Cleland, 2001). Invasive species alter the evolutionary pathway of native species by competitive exclusion, niche displacement, hybridization, introgression, predation, and ultimately extinction (Mooney and Cleland, 2001). These authors conclude that the biota of Earth is undergoing a dramatic transformation, and every indication is that these transformations will intensify as the human population continues to grow because of the global changes that have been set in motion that are affecting the atmosphere and the climate. Western (2001) remarks that ecosystem simplification is the ecological hallmark of humanity and the reason for humankind's evolutionary success. However, the side effects of human profligacy and poor resource practices are now so pervasive as to threaten the future, no less than that of biological diversity itself.

The changes just briefly described are consistent with mainstream ecological science. The conclusions are almost more than the mind can accept and far beyond the primary issues of the Kyoto Conference on global climate change. There is a high probability that, if present unsustainable practices continue, humankind will disrupt certain processes of evolution with consequences likely to persist for millions of years. What little attention the carrying capacity of the earth has received has been focused on how many humans can be accommodated. It is now clear that the focus should be intent on Earth's carrying capacity for other life forms, which collectively constitute the ecological life support system. Life on Earth will doubtless continue. The major question is whether it will include humans and other large mobile animals or will it shift primarily to microbes as Jackson (2001) has predicted for the oceans, especially the coastal areas. Jonas (1997) discusses the ecological dominance of microbes at the expense of macro-organisms.

Additionally, humankind's technological assault on marine mammals has intensified. For example, the courtroom battle of the Natural Resources Defense Council (NRDC) to stop the United States Navy from deploying its low frequency active (LFA) sonar system (a new technology that blasts ocean habitats with noise so intense it can maim, deafen, and even kill marine mammals) was expected to begin June 30, 2003 (personal communication from John Adams, President NRDC, June 18, 2003).

Stochastic Events Occur

Droughts and other stochastic events, such as hurricanes, typhoons, floods, and earthquakes, almost always have some deleterious effect upon carrying capacity. The illustrative example that follows was chosen because final decisions have not been made. Furthermore, it occurs in the United States – a wealthy nation with a majority of citizens professing to respect the natural environment.

The headwaters of the Rio Grande River are in the state of Colorado, flow through the state of New Mexico, and then coincide with the border between the state of Texas and the country of Mexico. Water is not sufficient to meet the demands of a variety of

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special interest groups there. To further complicate the situation, an endangered fish, protected by the Endangered Species Act passed the United States Congress, is indigenous to these waters.

The United States Bureau of Reclamation is charged with maintaining minimum continuous flows through the city of Albuquerque to protect the endangered fish (Soussan, 2002a). A slim majority of local voters support the Endangered Species Act (53%), but two thirds feel the act goes too far in this particular case (Soussan, 2002b), and both cities and farmers are fighting the situation. Water diverted from Colorado into New Mexico is transported via the Rio Grande. Additionally, the ground water aquifer from which the city of Albuquerque obtains quality water has only 25 years remaining; removing this water could cause subsidence of the land above it. Even if a final legal decision favors the endangered fish this time, the carrying capacity of the San Juan River is not meeting present demands, which are highly likely to increase and be worsened by the depletion of the underground aquifer. An already damaged ecosystem will be further damaged and of less use as an ecological life support system.

"Driving a species to extinction to temporarily avoid policy issues and to avoid elimination of unsustainable practices is a poor management decision."

For arid Albuquerque, a significant part of the surface water flow during spring and summer months is from snowmelt in the mountains (Fleck, 2002). The dry mountain soil soaks up much of the snowmelt. The arid soil requires an *above average* (i.e., at least 20 percent) snow pack to maintain *average* stream and river flows the next year.

At present, it is not clear whether the final decision on diverting water will be at the local, state, or federal level. New Mexico's Governor Gary Johnson is considering calling on the rarely used and little known federal Endangered Species Committee, authorized by the Endangered Species Act. This committee consists of six high-ranking officials in the nation's capitol of Washington, D.C., plus one state resident, who will be appointed by the President when the committee is convened. The possibility of political bias in either direction should not be ignored. The committee is known in the press as the "God Squad," because it is authorized to make an exception to the Endangered Species Act in favor of humans. The court system does not have this authority.

This situation could have been avoided if the city of Albuquerque had a water budget and a drought plan (Hibbard, 2002). Individual behavior also plays an important role. For example, per capita water use in the cities of Tucson (Arizona), El Paso (Texas), and Santa Fe (New Mexico) is 140-160 gallons per day, while Albuquerque's per person per day average is 205 gallons. Simple measures could have helped the area stay within the carrying capacity of the local hydrologic system. A number of policy changes have been adopted by communities elsewhere to help alleviate such situations:

1. enforce mandatory restrictions on water use
2. landscape with plants that have low water requirements
3. restrict water use (e.g., car washing)
4. require phasing in of appliances (e.g., flush toilets, laundry washing machines, and dishwashers) with units that use water more efficiently
5. change water rate structures to reward those who conserve water and penalize those who waste it; some cities even have fines and/or jail times for flagrant misuse
6. use accurate water meters
7. cover swimming pools when not in use to prevent evaporative loss
8. avoid use of fountains and other systems with a high evaporative loss

As Linthicum (2002a) remarks, blaming the endangered species for the present unsustainable situation is unfair. Policies to enable sustainable use without abuse of the finite water supply are the only long-term solution. Driving a species to extinction to temporarily avoid policy issues and to avoid elimination of unsustainable practices is a poor

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management decision. Another important lesson from this case history is that, if local special interest groups cannot reach a consensus, the federal government will probably step in (Linthicum, 2002b). But what happens if there is no national consensus on the same issues?

The Albuquerque situation was chosen as an illustration because it has many of the important components of a carrying capacity crisis. Such crises exist worldwide, but this one is exceptional because of the thorough exploration of the issue in the *Albuquerque Journal*. Yet despite the fact that the *Journal* had fairly complete coverage, it was probably only read carefully by a small percentage of people. In contrast, the publicity from special interest groups is usually more intense and continuous. Even in the media, the issues of special interest groups receive more attention than public issues, which are usually poorly funded. Moreover, special interest groups often have a considerable economic stake that makes them more outspoken and aggressive. The general public is faced with a multitude of pressures: personal, work, social, and economic. Long-term issues, such as carrying capacity, tend to be brushed aside so that immediate problems, usually of minor long-term significance, receive the highest priority.

Exponential Growth

The key to keeping within the carrying capacity of a finite planet is to address effectively the issue of exponential growth holistically. Exponential growth is the basic cause of the Albuquerque water problem – growth simply cannot continue without a concomitant increase in the resource base: water. Typically, exponential growth is not mentioned, either because it is not understood or because of denial that human behavior must be drastically changed to avoid the consequences of exceeding carrying capacity. Resources are actually diminishing in many instances; they are certainly not increasing exponentially as growth is.

Resource Wars

When a population exceeds the carrying capacity of the area it controls, a resource war to acquire additional resources is often the result, although another reason is usually given for the conflict. World War II was a resource war, although not usually described in those terms. As mentioned earlier, Hitler wanted "living room" and Japan needed almost every type of resource. The Gulf War occurred when Saddam Hussein of Iraq invaded Kuwait in an attempt to control an even larger share of the world's oil reserves. Countries, such as the United States that are greatly dependent on imported oil, simply could not tolerate this takeover, so Kuwait and its oil were liberated.

More recently, Smyth (2002) believes that a water war may be in the making over Wazzani Springs, in south Lebanon, where Lebanon is building a pumping station to supply drinking water to villages being rebuilt and repopulated after the Israeli military occupation ended several years ago. Water resources in this area are inadequate to meet ever increasing demands caused by population growth and inefficient use of water supplies. Pumping was expected to begin on October 15, 2002. Israeli officials threatened to attack the pumping station if water were diverted from the river, which flows into the Jordan and Lake Tiberius and contributes 138 m m 3 (millions of cubic meters per year) to Israel. Lebanon claims it only wants 3.6 m m 3 from the springs. Living sustainably, within the region's carrying capacity, is possible, but war is usually preferable to the changes that human society would have to make to live sustainably. War reduces resources by diverting them and is an unsustainable practice.

Exponential Population Growth, Immigration, and Living Sustainably

Regrettably, the ecological messenger is usually blamed for a problem rather than the poor leadership and inept management that produced the problem. People who are happy with the status quo are not interested in changing it. Demonizing those who advocate lasting solutions to the crisis of carrying capacity is the way to become popular and to use force to acquire a disproportionate share of finite resources. Humankind can no longer focus on special interest groups or tolerate short-range damage control, especially when these are used as a substitute for developing sustainable practices. Living sustainably requires that all levels of social organization – individuals, nations, organizations, corporations, and ethnic and religious groups – embrace new thought

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patterns, behaviors, and policies that facilitate sustainability.

Proponents of perpetual economic and population growth carefully ignore the fact that humankind inhabits a finite planet. Living sustainably requires balancing population demands with resource availability. Populations will increase exponentially; resources will not. Additionally, the natural systems that produce these resources cannot be expected to do so if their integrity is damaged. However, population control is a subject that is rarely discussed by political leaders, religious groups, the general public, and the news media.

On August 20, 2002, Dr. Joseph Chamie, Director of the population division of the United Nations, stated that the United States has a population growth rate comparable to that of developing nations (as cited in *The New York Times*). It now ranks seventh in growth, but an astonishing 80 percent of the growth comes from immigration. Unless the per capita standard of living is reduced, more resources will be required for these additional people. This need comes at a time when the United States is already using a disproportionate amount of global resources. Regardless of the present position on immigration, the United States can neither have perpetual exponential population growth in a finite area nor continue to co-opt a disproportionate share of the planet's resources. As pressure on finite resources increases, per capita share of them will diminish. When this occurs, the United States will become less attractive to migrants, unless per capita resources world-wide are becoming depleted.

In areas such as Afghanistan and the Gaza Strip, exponential population growth continues despite an already low standard of living. In the United States, massive immigration, both legal and illegal, continues and many large families are still produced here, so the concept of carrying capacity is neither understood nor is it a major issue in national policy decisions. If this situation continues throughout the 21st century, arguably even the first half of the century, there will be a painful, possibly tragic, day of reckoning.

Reducing the per capita and national size of the ecological footprint will provide more time in which to make the transition from unsustainable to sustainable living. Examples of how this reduction may be implemented are given in Wackernagel and Rees (1996) and Hawken et al. (1999). These and similar publications provide persuasive evidence that reducing the size of the ecological footprint does not produce a concomitant reduction in quality of life. In fact, social capital increases as a consequence of the group effort to live sustainably.

Living sustainably requires that humankind recognize that exponential growth of population and increased resource consumption are simply not possible on a finite planet. It also requires an eco-ethical relationship with natural systems, which avoids viewing natural systems as commodities. Eco-ethics will guide humankind toward sustainable behaviors. An ethical relationship with natural systems, which recognizes humankind's dependence upon them, will also increase the likelihood of leaving a habitable planet for future generations.

Conclusions

Until the end of the 20th century I would have thought referring to *Homo sapiens* as an endangered species was absurd. However, loss of habitat can drive a species to extinction and humankind is destroying its habitat on a global scale quite rapidly in evolutionary time. The primary illustrations used in this paper are the two interrelated concepts of carrying capacity and the major extinction of species both of which may disrupt some processes of evolution with consequences that might well persist for millions of years. Loss of resources per capita is likely to result in a resource war. Resource wars are increasingly likely because the human population is increasing exponentially while resources are not. The Albuquerque example was used because the situation could have been avoided if simple steps were taken in the framework of a water budget and a drought plan. However, the special interest groups have not been able to reach the necessary consensus.

If humankind used eco- and sustainability ethics, science-based decision making, and a systems level approach, there would be more incentive to replace unsustainable practices with sustainable ones. These latter practices must be integrated within human society if they are to persist (i.e., become sustainable). If the concept of carrying

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capacity is taken seriously, either subsistence or optimal human density and per capita ecological footprint size should be used to develop an immigration policy. Emigration should be discarded as a means of solving carrying capacity issues. The issue of exponential growth on a finite planet must be considered holistically, especially when natural capital is diminishing. ■

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The New Dark Age

by J. W. Downs

Every new generation has been warned about the deteriorating society and its impending doom. Seneca issued such warnings back in Roman times, but it took another four hundred years for Rome to fall and the Dark Ages to set in across Western Civilization. Our grandfathers told our fathers and our fathers have told us that things were going from bad to worse, while in reality our situation was generally improving. The older generation generally looks on changes in style and mores as deterioration.

It is true that much contemporary art, music and literature lacks merit, but it has always been this way. Inferior material is quickly forgotten, leaving only the better examples to survive and allowing us to point to these as typifying *the good old days.*

Things started to change with the Industrial Revolution, but World War II in the middle of the twentieth century marked the beginning of an unprecedented change. From the New Stone Age until the twentieth century the majority of people were engaged in agriculture. Land transportation was powered by horses and sea transportation was powered by sails. There were innovations and improvements in carriages and ship design, but they were still powered by horses and wind as they had been back to prehistoric times. The first powered flight occurred in 1903 and some sixty years later we made our first round-trip to the moon; neither event utilized horse or wind power. The scientific and technological advances made during and after WWII have thrown us into uncharted waters and we can no longer look to the past to help us navigate the future. The family farm is a thing of the past, with only about five percent of our population actively engaged in farming.

I do not wish to fall into the pattern that the older generation frequently casts itself in predicting gloom and doom, but there are some indicators that cannot be overlooked and that cannot bode well for the future of our society. Like a hypochondriac who is finally confronted with the diagnosis of a terminal illness, we must acknowledge and try to deal with these. As Neils Bohr pointed out, prediction is very difficult, especially if it is about the future. Past predictions, some of which were made by the best-qualified and informed minds, frequently, if not usually, missed their marks. Lord Kelvin pronounced flight by heavier-than-air flying machines to be impossible, and the most remarkable prediction was Thomas Edison's statement that the phonograph might be used to record wills, but would not have any other practical use. Edison was the inventor of the phonograph. On this cautionary note, it is safe to speculate on the future based on three inexorable factors that will confront humanity sometime, probably within the twenty-first century. These factors are:

1. The exponential growth of the earth's human population.
2. The consumption of our natural resources, which are being depleted at an exponential rate. Even the renewable resources, such as forests and harvests from the sea, cannot be considered renewable if they are consumed more rapidly than they can be regenerated.
3. Our nearly total dependence on petroleum as a source of energy. Petroleum is finite and is not a renewable resource.

These three items are of such importance that it would be difficult to place them in an order of priority.

Life is good for us now, but our situation may be analogous to passengers on a flight that is over half-way to Hawaii when the crew notices that there is insufficient fuel to complete the journey and the point of no return has already been passed. The passengers are informed of this dire situation, but are having such a good time drinking champagne and watching the in-flight movie that they do not wish to be bothered. Besides, they do not like to hear bad news. Most are confident that someone will come up with a solution to the problem. There will be a few on board who will recognize the gravity of the situation and could possibly get the passengers ready for the inevitable ditching, but they would be voted down by those who are enjoying the flight and see no reason to make the necessary preparations that could possibly save them.

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World population is growing exponentially with few people expressing alarm. The United States government's adamant opposition to all forms of birth control is actively making the situation worse by withdrawing all aid directed at helping to bring populations within the carrying capacity of the land, resulting in a net gain of more poverty and starvation. It is true that there may be enough food to sustain everyone on earth if properly distributed, but this would only be a temporary situation since the world population is growing. Given enough time, *any* growth rate will eventually exceed the carrying capacity of the entire world.

At the same time that the world population is growing, the world's natural resources are being depleted at an exponential rate. Our forests are being chopped down faster than trees can grow and the oceans are being over-fished to such an extent that a moratorium has had to be declared on some species. As the large predator fish (tuna, swordfish, etc.) are depleted, fisheries are going after the smaller fish upon which these larger fish feed, undermining the food chain and making it even more difficult for the larger fish to stage a comeback. This is analogous to eating seed corn.

Few people have a clue as to our dependence on petroleum to sustain our way of life. We like to think that when it runs out, we can switch to electricity, ethanol, hydrogen, solar and wind power and keep on going. On close examination we find that generating electricity accounts for over half the petroleum we import. Ethanol at present provides about one percent of our energy needs. It is estimated that to grow enough corn to convert to ethanol for all of our energy needs, every acre of farm land in the country would have to grow corn. In addition to this problem, it takes energy to plant, fertilize, harvest and distill the ethanol, so that it may take more energy (petroleum) to produce a gallon of ethanol than a gallon of ethanol will yield. Also, it is difficult to imagine a fleet of 747 aircraft running on ethanol.

While hydrogen is the most abundant element in the universe, we are blessed with very little of this element in an uncombined state. To extract energy from hydrogen we must first separate it from oxygen. This takes at least as much energy as it will yield when re-combined with oxygen later. We must remember that water is the burned ash of hydrogen.

Solar and wind are nice clean sources of power, but are intermittent and there is no known way to store large amounts of electricity to provide a dependable source approaching that of a generator fired by fossil fuels. We have already reached the point where the annual petroleum consumption is greater than the discovery of new oil reserves. Periodically an oil field is discovered and is loudly proclaimed to keep us in petroleum for the next several hundred years at the present rate of consumption.

Those who do the math soon find out that "present rate of consumption" is not a reality, and that the life of the new source can be measured in months, not years.

It would be unwise to predict what will happen when the increasing population collides with the depletion of natural resources, but it is safe to speculate on some of the possibilities when this occurs. The ensuing Dark Age would be quite unlike the one that gripped Western Civilization for a thousand years after the fall of Rome. There is far too much existing technology for us simply to return to an agrarian existence.

Countries that control the last dwindling supply of petroleum would be in a position to control the rest of the world and would probably not be in a sharing mood. There is an alarming amount of conventional armament distributed over the globe and an even more alarming number of nuclear weapons. It is unrealistic to believe that at least some of these will not be used this century.

In all probability, when the crash comes it will be sudden and chaotic, unlike the gradual build-up that has created our present society. If our governing and legal structure is disrupted, the threat to personal safety would not be an invasion of foreign forces but our own citizens doing anything they can for their own survival. Unfortunately, evolution has worked on the survival of the fittest, not the survival of the nicest. If society suffers a severe breakdown, a Siberian peasant with a wood stove and a couple of yaks would be in a much better position to survive than a well-off city dweller who is dependent on electricity, natural gas, a job and a steady supply of groceries brought in from a distance and which must be purchased with money.

Human nature will be in control during the next Dark Age. Historically, we have some rather bad examples of human behavior when bullies take charge; many of these examples are well within the memory of living people. There are radical elements in even the most civilized countries (including our own) to repeat the enormities perpetrated during the last century. The veneer of civilization is thin. During chaotic times

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leaders like Hitler are more likely to take over than a future George Washington.

To be fair, we must also point out that prosperity does not always bring out the best of human qualities. By all standards, America now has the wealth and resources to permit a higher standard of living for the average citizen at the present population level. Instead, we have some people who grab up vastly more money than could possibly be justified on the basis of improving their standard of living. Much of this has been done to the detriment of the general population. Very few of the obscenely wealthy use their wealth for anything but themselves. This is nothing new. During Roman times, Seneca observed, "Successful and fortunate crime is called virtue," and "It is not the man who has too little but the man who craves more that is poor." Jonathan Swift (1667-1745) said, "If Heaven had looked upon riches to be a valuable thing, it would not have given them to such a scoundrel." Shortly before the last stock market slump, some of our "better" citizens were making statements like, "Only the little people pay taxes" and "There is nothing wrong with greed."

Nor are we using our present prosperity and available knowledge to the best advantage, showing few signs of cultural advancement besides increasing technology. Cults are flourishing and religious fundamentalism is increasing and infiltrating our government at all levels as well as our schools. With all of the scientific knowledge at our disposal, we still have followers of the Flat Earth Society, Creationism, crystal power, witchcraft (bowdlerized and benign now) and astrology, to mention just a few. There are many internet websites for astrology which seems to be an anachronism like using a Global Positioning System on a buggy.

It is true that cultural advancements are difficult during hard times, but peace and prosperity have not done much better. There was a marvelous four-frame cartoon by Toles showing John Adams writing at his desk: Frame 1) I must study politics and war. Frame 2) So that my sons can study mathematics, commerce and agriculture. Frame 3) So that their sons can study painting, poetry, music and architecture. Frame 4) So that their sons can watch WWF Smackdown, Jerry Springer and Jackass on television.

There can be no doubt that a major adjustment will be made when our increasing population collides with diminishing supplies. There are a few things that could delay the onset of the inevitable shortages, but incredibly there is opposition to most of them. Irradiation of food to prevent spoilage would help eliminate a large amount of waste. Periodically there is news that millions of pounds of meat are recalled and destroyed because it might be contaminated with *e.coli* or *salmonella* bacteria, yet there is not a shred of scientific proof that radiation has any ill effects on those who eat irradiated products. Likewise, genetic engineering has the potential of increasing food production enormously, but popular opinion is holding it back. Admittedly, this will need supervision and testing but it has great potential. Hemp is a renewable crop that could be grown in place of tobacco but it is not legal to grow hemp because it is related to marijuana. Hemp can yield a variety of products such as paper, cloth and oil and was considered respectable enough for our forefathers to write the Declaration of Independence on hemp paper. We can only conclude that these things are held back by popular and legislative ignorance.

Actually, we have exactly enough natural resources; i.e. all of them. They are the fixed values in the equation of life. The variable is our use of them. Following the rule that two can live as cheaply as one, but only half as well, the natural resources are being divided by an increasing number of humans. We should also consider the impact that human population is having on the other inhabitants of this planet. The present extinction rate of flora and fauna must surely exceed that of the great extinction at the end of the Paleozoic Era when expressed in the loss of species per century.

After 9/11 several televangelists proclaimed that the destruction was brought on by the wrath of God who was punishing us for a lifestyle that was distasteful to televangelists. We appear to be headed for a period of enormous adjustment (but probably not complete destruction) on our own and without the need for Divine intervention. After the New Dark Age, archaeologists should have no trouble finding abundant evidence of our having been here. We cannot help leaving vastly more artifacts and remains than our cave-dwelling ancestors thirty-five thousand years before our time had left us. The amount of concrete rivals our reef-coral colleagues in sheer volume of calcium carbonate poured and deposited, respectively, so archeologists of the distant future should have no trouble finding some very interesting digs. ■

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The Jig Is Up

Supplies of oil and gas are running out

Book Reviews by John Attarian

For several years, veteran geologists have warned persuasively that the peak and decline of oil and gas extraction are imminent. Two recent books are invaluable for understanding this epochal development and its consequences.

A Masterful Look at Depletion Up Close

Perhaps the foremost depletion expert, geologist Colin J. Campbell spent decades exploring for oil worldwide for Texaco and Amoco, then worked with Geneva-based Petroconsultants. In *The Coming Oil Crisis* (1997) and other publications, Dr. Campbell warned repeatedly that world oil extraction will peak early in this century. In 2000, he founded the Association for the Study of Peak Oil and Gas (ASPO), an international body of scientists devoted to examining peak and depletion and educating the world about them. Drawing heavily on his work for ASPO, *The Essence of Oil & Gas Depletion* is an authoritative treatment of depletion, comprehensive, rigorous, yet lucid.

Since oil and gas were formed in the geological past, they are necessarily finite and depletable. The important issue, Campbell argues, is not when they will disappear, but when production will peak and then decline due to supply constraints. "This threatens to be a discontinuity of historic proportions, given that oil provides 40% of traded energy and 90% of transport fuel." For convenience, efficiency and cost, oil and gas far surpass all existing substitutes. Thus, "by any reasonable reckoning, *Hydrocarbon Man* will have become extinct by the end of the Century." Yet awareness of this catastrophe is blocked by unreliable data on oil reserves; business and government interests having an incentive to deny it; our lack of precedent in exhaustion of an essential resource; our faith in deliverance through technology; and mainstream economics, which deems man the master of his world. Campbell hopes that knowledge of depletion will enable people to understand the limits Nature imposes and devise a better way of life.

The Essence of Oil & Gas Depletion

by C. J. Campbell
Brentwood, Essex, England: Multi-Science Publishing Co., Ltd.
348 pages, $48.00, £33.00, paperback
[Can be ordered through R.B. Swenson, P.O. Box 7080, Santa Cruz, CA, 95061. Prepaid by check only. CA residents add 8% for $51.48 total.]

The Party's Over: Oil, War and the Fate of Industrial Societies

by Richard Heinberg
Gabriola Island, Canada: New Society Publishers
288 pages, $17.95, paperback
[Heinberg"s biography and some issues of his monthly newsletter are available at www.museletter.com.]

Part I is perhaps the best available summary of the situation. Because oil must be found before it can be extracted, Campbell points out, production must reflect the earlier discovery trend. Since worldwide discovery peaked in 1964, "the global peak of production is now close." Getting an accurate picture of oil supply is vital, but published data on "proved reserves" are unreliable. Greater realism, he rightly argues, requires both backdating revisions in reserve data to the date of discovery, and good definitions of the different kinds of oil: conventional (cheaply, easily-accessed oil) and nonconventional (more difficult and expensive types such as heavy oil and deepwater oil, i.e., found below 500 meters or more of water). Economists argue that as oil prices rise we will turn to nonconventional oils, but Campbell warns bleakly that "most of them can come on only slowly" because "they are expensive and

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difficult to extract." They may alleviate the decline, but not the peak.

Demand for oil, Campbell points out, affects the depletion rate. Rising oil prices will induce recession, reducing demand. Thus the "peak" will probably be a plateau, with bumps corresponding to cyclical fluctuations in demand.

Campbell's treatment of natural gas is likewise illuminating. Being a gas, it depletes differently from oil. Since uncontrolled extraction would quickly exhaust gas deposits, "production is generally capped at far below capacity to provide a long plateau, set by pipeline infrastructure," with seasonal fluctuations. Capping production creates built-in excess capacity – but when excess capacity is exhausted, output collapses, without warning signals from prices.

"Changes in the oil industry – mergers, fewer drilling rigs, oblique admissions of depletion – offer further evidence, [Campbell] notes, that depletion is real."

Campbell predicts oil extraction peaking around 2010, with oil plus gas peaking about 2015. The supply constraint driving the subsequent decline must then curb demand. "It implies that the economic growth of the past, which was largely driven by an abundant supply of cheap oil-based energy, cannot continue on the same trajectory."

Therefore, Campbell argues compellingly, humanity must learn to use substantially less oil – difficult, but possible given current "monumental" waste. We should tap alternative energy sources to cover as much of the oil shortfall as possible. The stakes are enormous, but if we act now we can conceivably weather the decline; we have "a little breathing space…since the production of all liquid hydrocarbons… need not fall below present levels for some twenty years."

Most of Campbell's book consists of edited excerpts from the first 24 issues (December 2000-November 2002) of the monthly *ASPO Newsletter:* a rich mixture of discussions of the role of energy and oil in economic life; reports on educational activities by ASPO members about peak and depletion; rebuttals to the "cornucopian" (non-finite resources) camp; detailed examinations of individual oil-producing countries; notification of changes in published oil reserve data; reporting on exploration and discovery; commentary on America's economy and foreign policy; mentions of important new depletion literature; and illuminating treatments of technical points such as oil reserve reporting and the decline in oil discovery. Numerous charts of oil discovery, extraction in various nations and individual oil fields, world oil supply, estimates of total ultimate oil recovery, the gap between oil discovery and consumption, and so on, complement the text.

Some topics merit special mention. Depletion debunkers invariably cite data supposedly showing that oil reserves are growing. Campbell persuasively demolishes the "reserve growth" myth. The U.S. Securities and Exchange Commission, he explains, mandated a conservative standard for reporting "proved reserves," i.e., "the best estimate of what current producing wells would produce in the future," for financial purposes, to avert fraud from firms overstating their oil assets. The industry adopted this standard. Reserves appear to grow because they are based on an oilfield's development. With only a few wells drilled at first, reserves are initially modest. As more wells are drilled, and the field can produce more, reported reserves rise accordingly, until they approach the explorers' original estimates of the field's endowment. Most fields are now maximally drilled, and technology is improving recovery, meaning "the companies have less and less left in their under-reported inventories."

As for the argument that higher prices and tax incentives will bring greater oil discovery, Campbell points out that they did prompt an explosion in exploratory drilling in the early 1980s, yet discovery declined, "underlining that discovery depends on geology not economic incentive." Changes in the oil industry – mergers, fewer drilling rigs, oblique admissions of depletion – offer further evidence, he notes, that depletion is real.

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Campbell's discussion of oil's role in business cycles is excellent. Rising demand for oil during expansion will drive demand to the ceiling of supply capacity, driving up oil prices. High oil prices precipitate recession, which reduces demand for oil, reducing pressure on prices. "However, oil demand is not infinitely elastic, as it becomes increasingly difficult to cut essential needs, especially for agriculture," so oil prices may not remain down for long. Meanwhile, oil extraction, in "the iron grip of depletion," is relentlessly declining. Price spikes again, reimposing recession. Depletion thus traps the economy in a "vicious circle." Campbell's grasp of economics is better than cornucopian economists' grasp of petroleum geology.

Campbell's examination of America as an oil producer will be of special interest to American readers. American oil discovery peaked in 1930; extraction peaked in 1970. In 2001 America consumed 19.63 million barrels daily and pumped only 4.4 million, importing the rest. "The irreversible decline of its production means that even if demand were to be held static, the country would be importing 90% of its needs by 2020." We have much nonconventional oil, but oil shale's net energy yield is negative. Natural gas discovery peaked in 1950, and we are nearing the end of the extraction plateau. New gas wells, producing full tilt, are being depleted in mere months. Total gas output as of late 2002 was "probably about 70% of the total endowment, suggesting that a sharp decline is imminent." Campbell summarizes grimly: "It is difficult to avoid the conclusion that the United States faces a dire energy crisis that will radically affect its entire way of life."

Numerous graphs by Jean Laherrere, Campbell's former Petroconsultants colleague, depict oil and gas discovery worldwide, in the Middle East, and in the U.S.; implausible oil and gas discovery forecasts by the U.S. Geological Survey; and so on, powerfully supporting the case for imminent peak and decline.

A comprehensive statistical review gives a detailed picture of the worldwide oil situation, with tables of country-by-country, region-by-region statistics on oil endowment, annual extraction, past and likely future production, peak production year, and so on, plus discovery and production plots. It emerges that most oil producers other than the Persian Gulf countries have already passed their production peaks, and their annual output is declining. In 1949, geophysicist M. King Hubbert argued that oil is a finite resource and that its extraction would therefore rise from zero, pass through one or more maxima, and decline again. Campbell's production plots, manifesting this pattern without exception, prove irrefutably that Hubbert was right.

Campbell's conclusion notes that some organisms evolved to adapt to their niches, but died off when their niches were erased by environmental change. "They did not manage to evolve backwards to the more sustainable, simpler stock from which they came." Until recently, humans lived sustainably within accessible resources. The Industrial Revolution and abundant oil, however, encouraged belief in limitless progress and man's mastery of existence. They also made possible a much more productive agriculture and a sixfold population explosion, "in parallel with the growth of oil." Saturation advertising goads us to hyperconsumption as the apparent driver of prosperity, "when in reality it simply hastens our demise from resource depletion."

Dr. Campbell is obliquely raising the ghastly possibility that Hydrocarbon Man may be unable to revert to a simpler, sustainable way of life, and is sleepwalking towards a frightful die-off as depletion wipes out his niche. But he ends on a happier note. In the Irish village of Balleydehob, his current residence, people were poor but happy fifty years ago, so "affluence does not necessarily bring happiness." Oil depletion may yield "a better world in which people will live in better harmony with themselves, each other and their environment." A worthy hope.

The Essence of Oil and Gas Depletion is a peerless education in oil and gas depletion at close range. Campbell's expertise is unassailable and his case for imminent peak and decline is overwhelming. His masterful marshaling of evidence and argument makes this the most important work from the depletion camp to date.

Setting Depletion in Context

Journalist Richard Heinberg, who teaches at the New College of California, approaches matters from a different angle. He considers depletion in the context of the ecological realities of the human condition and an ecological interpretation of history, and

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frighteningly but persuasively surveys depletion's consequences. Dr. Campbell's introduction to *The Party's Over* heartily endorses it, and Campbell's praise is justified.

Heinberg's core message is that industrial civilization depends on inherently finite energy resources that are "about to become scarce." Competition for them "will trigger dramatic economic and geopolitical events," and industrialism may be unsustainable. He predicts that we will soon enter "a *new era in which each year, less net energy will be available to humankind, regardless of our efforts or choices.*" Our "only significant choice" will be how to reduce energy use and shift to renewable energy, which will have "profound ethical and political implications" (original italics).

"Heinberg has a good command of energy concepts and the energy literature, and a gift for explaining technical subjects with deftness and clarity."

Free market economists see energy as just another commodity, governed by market forces which are infallibly guided by prices. Environmentalists believe that switching to renewable energy sources will solve the environmental problems from fossil fuels. Seeing oil depletion as real and peak and decline as imminent, retired petroleum geologists disdain the economists – and are skeptical about renewables. After much research, Heinberg concluded that the geologists are right and offer "a long-range view based on physical reality." After my own immersion in the subject, I concur.

Heinberg has a good command of energy concepts and the energy literature, and a gift for explaining technical subjects with deftness and clarity. He presents a sound, readable primer in basic energy concepts, the laws of thermodynamics, and the nature of ecosystems and how they develop into stable "climax systems" with organisms adapted to one another, stable populations, minimized energy throughput, and maximum nutrient recycling. Drawing on William Catton's *Overshoot,* Heinberg explains how a species invading or colonizing an ecosystem with abundant food-energy will see its population bloom, overshoot carrying capacity, then crash; and how humans have developed strategies for gaining energy subsidies and thereby expanding our carrying capacity – takeover, tool use, specialization, scope enlargement, and drawdown of nonrenewable energy sources. Drawdown has enabled an unprecedented, sixfold population increase, but at terrible costs: pollution, possibly destructive climate change, and worst of all, a decline in carrying capacity parallel to fossil fuel depletion. Moreover, Heinberg points out, citing Joseph Tainter's *The Collapse of Complex Societies,* because complex societies like ours are energy-costly, depletion may make them vulnerable to collapse, i.e., substantial reduction in complexity.

In a concise, illuminating history of Western man's energy use, Heinberg sees America's settlement as an application of takeover by a crowded Europe that had largely deforested itself, going from 95 percent forest cover in 400 AD. to 20 percent in 1600, thus depleting its main energy source. Europeans substituted coal for wood, making the Industrial Revolution possible and radically transforming humanity's way of life. "Nevertheless, a threshold had been crossed: from then on, an increasing proportion of the world's energy budget would be derived from a source that could not be regrown or reproduced on a timescale meaningful to humans."

Still more momentous were the contemporaneous commercial application of electricity and switch from coal to petroleum. Electricity is a very convenient energy carrier, and through its use energy consumption soared. Fossil fuels allowed replacement of draft animals by machinery, enabling farmers to shift land from raising animal feed to raising human food, and to operate larger farms. They also supplied nitrogen fertilizers, pesticides, and herbicides, greatly boosting crop yields. Oil made possible the automobile industry, which unsettled and dispersed families, gutted public transport and the railroads, and drove energy use still higher. Heinberg argues persuasively that America's cheap, abundant energy underwrote her rise to affluence and world domination.

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Unfortunately, we thereby gave hostages to hydrocarbons. At the end of the 20th Century, oil producers were working up to capacity to meet rising demand, and an oil price spike triggered recession in 2000. If oil extraction could no longer rise, "the global economy would be structurally imperiled." Although the average person "had no clue whatever" that the world confronted "vast and unprecedented" economic disaster, the Bush Administration, headed by ex-oilmen, knew it – which, Heinberg argues, explains our Middle East policy.

Hubbert was the first prophet of peak and decline, and Heinberg presents the essentials of Hubbert's work in predicting the peak and decline of oil extraction in America's lower 48 states, as well as the work of Hubbert's followers, e.g., Campbell, Walter Youngquist, L.F. Ivanhoe, and Kenneth Deffeyes.

Cornucopians Peter Huber, Bjorn Lomborg, and Michael Lynch debunk the depletion school. After fairly presenting their arguments, Heinberg briskly and convincingly debunks the debunkers. Huber argues that the more energy we consume, the more we'll be able to find. "Huber appears to be telling us that the more cake we eat, the more we will have." Lomborg has it that reserves are always growing, we are becoming more efficient in using oil, and anyway we can always find substitutes. Depletion is real, Heinberg retorts; oil discovery is dropping. Better efficiency doesn't help unless total oil use drops. Substitutes such as shale oil are costly and have low or negative net energy yields. Dismissing Campbell and Laherrere as alarmists, Lynch relies on overly optimistic U.S. Geological Survey projections. Cornucopian arguments, Heinberg concludes, "break down under close scrutiny," and he is rightly impressed by "the clarity and logic of the analysis, and the depth of expertise," of Campbell, Youngquist, et al.

Heinberg's treatment of the depletion debate is competent and valuable. Inexplicably, alas, he gets Hubbert's projected peak extraction dates wrong, giving them as 1966 (pessimistic) and 1972 (optimistic), when in fact they were 1965 and 1970, the latter proving correct. And, to the likely bewilderment of general readers, he uses but never defines technical terms such as "proved reserves," "logistic function," "Gaussian function," "3D seismic," and "horizontal drilling."

Exactly when oil extraction will peak, Heinberg rightly argues, depends on whether we define oil narrowly, as conventional oil, or broadly, including nonconventional oil, which would postpone the peak; the state of the economy, which affects oil demand and therefore extraction; war in the Middle East, which could disrupt both extraction and demand; and new discoveries and recovery technologies. The world peak for all fossil-fuel liquids, he concludes, is "unlikely to occur before 2006, or later than 2015."

Cornucopians and greens argue that we will simply use non-petroleum energy sources. But Heinberg's well-informed survey of these sources is not encouraging.

To his great credit, Heinberg realizes that energy must be expended to obtain energy. Accordingly, he stresses the crucial concept of net energy, or energy return on energy invested (EROEI). Oil's EROEI has been declining for decades as we have tapped deeper deposits located in more remote areas with more difficult terrain. When it breaks even, i.e., when obtaining a barrel of oil requires expending a barrel's worth of energy, oil extraction "will become almost pointless." Though still useful for plastics, oil will no longer be an energy source. Likewise for substitutes: "if we replace an energy resource that has, say, a six-to-one EROEI ratio with an alternative that has a three-to-one EROEI ratio, we will have to produce twice as much gross energy to obtain the same net quantity. Thus, when a society adopts lower-EROEI energy sources, the amount of energy available to do work in that society will inevitably decline."

Coal is abundant, but inefficient and seriously polluting. Moreover, its EROEI is collapsing, and may hit 0.5 by 2040, meaning it will cost twice as much energy as it yields, terminating its usefulness as an energy source. Nuclear power is unsafe, costly, and hazardous.

Wind energy is renewable, and its technology is improving. Its EROEI is low, but positive, and attractive given the declining EROEIs for fossil fuels. Unfortunately, producing and installing enough wind turbines to avert calamity from oil's decline – perhaps 20,000 turbines a year – would take a huge investment of energy, mostly from fossil fuels. Solar power is promising, in terms of improving technology and

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declining costs, but its EROEI too is low, and, like wind, solar energy generates electricity, which "cannot easily be made to power our current transportation and agriculture infrastructure."

High hopes rest on hydrogen, mostly as an input for fuel cells, which chemically generate electricity. However, Heinberg observes, almost all hydrogen commercially produced comes from natural gas, and hydrogen enthusiasts assume natural gas will be available as a "transition fuel." Without a transitional hydrocarbon fuel, Heinberg points out, we can't attain a hydrogen economy; "there is not enough net energy available from renewable sources to 'bootstrap' the process while supporting a viable economy." And with North America's natural gas supply "disturbingly uncertain," we will soon face hard choices among uses for gas.

While alternatives should be pursued, Heinberg concludes, a world run on them will have less energy available than this one – meaning our way of life is doomed. Conservation can help, but efficiency gains manifest diminishing marginal returns, and curtailing energy use eventually reduces economic activity. Some time soon economism's jig will be up.

Bleak as this verdict is, Heinberg does not address one implication of his EROEI analysis which makes it even worse. Since fossil fuels are used to produce, transport, assemble and maintain the inputs for renewable energy sources, it follows that as fossil-fuel EROEIs collapse, EROEIs for renewables must fall too. Think about it – costlier inputs mean costlier outputs, whether the cost is in energy or money.

Looking the Future in the Face

The end of cheap energy "will affect nearly everything that humans care about," Heinberg warns. Our economy, especially its debt-based financial sector, is predicated on continuous growth. Lower net energy necessarily means economic contraction. Productivity will drop, since workers will have less energy to work with. As the economy will no longer support an expanding volume of credit, financial panic is likely. Nearly everything will cost more because the energy its extraction or production uses "will have grown more rare and valuable." Because automobiles are energy-costly to produce and use, eventually fewer will be built. Road-building, which also uses much oil, will halt. Constructing a viable mass-transit system to compensate for the implosion of America's motor-vehicle transport will be energy-costly and difficult. Long distance distribution of goods will be disrupted and we will be forced to produce locally for local markets.

Heating and cooling, public health, and information storage, transmission and retrieval will suffer, too. Our information infrastructure depends on reliable electricity. As net energy declines, electrical power grids will be increasingly vulnerable to brownouts and blackouts. Unless renewable-based electricity is available to compensate, "the information infrastructure of industrial societies will collapse and virtually all electronically coded data will become permanently irretrievable." So much for the Information Economy!

"...turning onto a saner path will be hard. Both our economic system and our political system, which runs on "moneyed influence," reward destructive behavior."

The agricultural outlook is especially horrible. Oil and gas depletion will send prices of fossil fuels and hydrocarbon-based fertilizers, pesticides, and herbicides soaring, Heinberg warns, possibly creating an "agricultural apocalypse." Bereft of cheap energy, agriculture will be able to feed far fewer people than it feeds now. Heinberg's "educated guess" for Earth's "post petroleum carrying capacity" is less than two billion – roughly its pre-industrialization level. Yet our population exceeds six billion. So population will probably have to fall by over four billion persons between now and when oil and gas run out. If voluntary birth control doesn't achieve this, he warns, "famines, plagues, and wars" will. Translation: a hideous human die-off is possible.

Moreover, Heinberg points out, turning onto a saner path will be hard. Both our economic system and

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our political system, which runs on "moneyed influence," reward destructive behavior. And most people prefer the narcotic of cornucopian optimism.

Heinberg is not, he stresses, trying to demoralize his readers. Rather, he aims to help those who are willing "to face reality squarely and to take informed action," to manage the collapse so as to minimize the coming suffering. He exhorts readers to cut energy use, consider equipping their homes with solar and wind energy, slash debt, grow their own food, and try to live car-free. Communities should resist chain retailers, support local small businesses, encourage public transportation, walking and bicycles; he supplies a useful list of books and websites to consult. As for national policy, although it is already too late for painlessly switching to alternative energies and conservation, we must switch anyway. Agricultural policy should encourage "regional self-sufficiency." Many agricultural problems "could be solved simply by ending current farm subsidies" or by using new subsidies to encourage small farms, organic farming, and so on. He also rightly advocates rescinding corporate legal personhood, which has enabled corporations to wreak social and environmental havoc with impunity. Recognizing the close link between immigration, overpopulation, and resource depletion, he calls for reducing immigration. We should also stop subsidizing highways and airlines, and invest in railroads.

Heinberg's policy recommendations are sensible as far as they go. Unfortunately, he ignores the horrible problem of the rapid aging of populations in a depletion context. Social Security, Medicare, and Medicaid outlays, and heath care costs in general, will explode while our oil and gas supply collapses. What shall we do?

Moreover, restructuring agriculture will require more than reversing the polarity of agricultural subsidies. Small-scale, organic farming is labor intensive. But the collapse of our farmer population has necessarily entailed widespread loss of agricultural lore and know-how. Therefore, as Wendell Berry has pointed out, farmers "cannot be replaced anything like as quickly or easily as they have been dispensed with. Contrary to popular assumption, good farmers are not in any simple way part of the 'labor force.' Good farmers, like good musicians, must be raised to the trade."[1] And even if millions of Americans did go back to farming, they would be working with soils badly degraded by decades of abuse. There are problems which can't be solved simply by throwing money, and this is one of them.

But these deductions leave Heinberg's thesis intact. Timely, illuminating, and courageous, *The Party's Over* is an excellent bird's-eye view of what the world runs on, where we've been, where we're going, and what is likely to happen to us if we don't make radical changes soon. Heinberg is all the more persuasive because his tone is calm and reasonable throughout.

Collapse and Die-Off: Precedents for a Believable Future

Campbell and Heinberg see civilizational implosion and die-off as real possibilities. Cornucopians will doubtless use this to dismiss these authors as hysterical doom-criers. But in fact, Campbell and Heinberg have fingered a terrible danger. Every civilization rests on an economy which depends absolutely on an environmental base to supply its population with the water, food, fiber, shelter and energy it needs to survive. It must follow that destruction or overload of the environmental base – which includes energy depletion – can bring even an advanced civilization down.

Civilizational ruin and human die-offs due to environmental destruction or overload have happened before. A brief survey of precedents shows that Campbell's and Heinberg's warnings are cogent.

Sumerian agriculture depended on an elaborate irrigation system. But irrigation gradually salinized the topsoil. Anthropologists Thorkild Jacobsen and Robert M. Adams reported that grain yields collapsed from an average of 2,537 liters per hectare at about 2400 B.C. to 1,460 liters per hectare by 2100 B.C. and 897 liters per hectare by about 1700 B.C. Without agricultural surpluses to support its elaborate social order, Sumerian civilization declined, and "many of the great Sumerian cities dwindled to villages or were left in ruins." While other causes operated also, "that growing soil salinity played an important part in the breakup of Sumerian civilization seems beyond question."[2] Southern Iraq, once part of the renowned "fertile crescent," remains a salt-poisoned desert.

Between 850 and 950 A.D. the Mayan civilization

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collapsed, and the population plummeted roughly 85 percent. After exhaustive study, archaeologist David Webster argued that the Maya collapse's basic cause was overpopulation leading to unsustainably intensive land use, which degraded the environment and lowered agricultural productivity, bringing on famine, social disruption, loss of confidence in the regime, and population decline.[3]

Similarly, from roughly 1000 to 1300 AD., Europe's population greatly increased, perhaps even doubling. This required a corresponding increase in food production, achieved by expanding the cultivated acreage through deforesting and bringing ever-more marginal land under cultivation. But because the medieval economy needed the forests, this internal expansion stopped. The swelling population pressed against the food supply; cultivation experienced diminishing marginal returns; Europe's margin of safety in its food supply dwindled. The start of the Little Ice Age brought a shorter growing season and torrential rains, touching off crop failures and a terrible famine in 1315-1317, followed by others. Europe's population declined rapidly, and malnutrition weakened resistance to disease. The horrific Black Death (1348-1351), which killed perhaps a third of the population, and was followed by other epidemics, was the culmination of a protracted population crash.[4]

A more recent die-off was the 1845-1849 Irish Famine. Today's agriculture is as dependent on oil and gas as pre-Famine Ireland's was on the potato. The difference is that whereas the potato failed overnight, oil and gas depletion will take years.

These disasters happened because the natural bottom dropped out of these societies. Hubbert himself pointed out in 1949 that because fossil fuels were finite, the period of their extraction and use would be "but a moment in the total of human history," and that use of fossil fuel energy "can only happen once." Therefore modern conditions are "precarious" and "far from being 'normal,' are among the most abnormal and anomalous in the history of the world." A human population explosion paralleled the tapping of fossil fuels, but the future population level would depend on what energy supplies were available. Decades later Hubbert warned that the finite nature of fossil fuels and metal ores makes sustained exponential growth in population and output impossible; thus the industrial and population growth of the past two centuries was "transient and ephemeral."[5] America's natural gas crisis drives home Hubbert's warnings – and Campbell's and Heinberg's too.

Given all this, the only sane and prudent course is to take Heinberg and Campbell seriously and act accordingly. If they're wrong, we lose little thereby. If they're right and we ignore them, we court disaster.

The global peak of oil and gas is one of the great hinges of human destiny, and it will happen in your lifetime, overturning our way of life forever. Revelations of a shattering reality, Campbell's and Heinberg's works are among the most important books of our time. They nicely complement each other to provide a superb education in depletion and its consequences. Buy, master, and ponder them both. Like immigration, oil and gas depletion is a topic you can't afford to ignore. If you think education about oil and gas is expensive, try ignorance.

NOTES

1. Wendell Berry, *Another Turn of the Crank* (Washington: Counterpoint, 1995), p. 4.

2. Thorkild Jacobsen and Robert M. Adams, "Salt and Silt in Ancient Mesopotamian Agriculture," *Science,* vol. 128, no. 3334 (November 21, 1958), pp. 1251-1252.

3. Richard E. W. Adams and Woodruff D. Smith, "Apocalyptic Visions: The Maya Collapse and Medieval Europe," *Archaeology,* vol. 30, no. 5 (September 1977), p. 293; David Webster, *The Fall of the Ancient Maya: Solving the Mystery of the Maya Collapse* (London and New York: Thames & Hudson, 2002), pp. 251-259, 295-326, 327-343.

4. Adams and Smith, "Apocalyptic Visions," pp. 296-298; N. J. G. Pounds, *An Economic History of Medieval Europe* (London and New York: Longman, 1974), pp. 122, 139, 145-148, 165, 442, 445; Carlo M. Cipolla, *Before the Industrial Revolution: European Society and Economy, 1000-1700,* 2nd ed. (New York and London: W. W. Norton, 1980), pp. 160-161, 214-216; J. C. Russell, "Population in Europe 500-1500," in *The Middle Ages,* ed. Carlo M. Cipolla, vol. 10f *The Fontana Economic History of Europe* (New York: Harvester Press/Barnes & Noble, 1976), pp. 51-56.

5. M. King Hubbert, "Energy from Fossil Fuels," *Science,* vol. 109, no. 2823 (February 4, 1949), p. 108; M. King Hubbert, "Exponential Growth as a Transient Phenomenon in Human History," in Margaret Strom, ed., *Societal Issues, Scientific Viewpoints* (New York and Washington: American Institute of Physics, 1987), pp. 76-77.

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Immigration Control As the Environmental Lobby's 'Blind Eye'

Book Review by Miles Wolpin

Dr. Kuper probably deserves — but will not be awarded — a medal from the Sierra Club for his effort to broaden the issue inclusiveness of the League of Conservative Voters (LCV). Previously he and other members sought unsuccessfully to induce the Sierra Club leadership to include immigration as a source of population negative pressure upon our resource base and quality of life.

Supported by about a thousand "partners" — presumably recruited from CAPS (Californians for Population Stabilization) and NPG (Negative Population Growth) as well as his Sierra Club allies — Professor Kuper organized "Comprehensive US Sustainable Population" (CUSP) to publish this 25-page *The Truly Environmental Congressional Scorecard for the lO7th Congress (2001-2002).*

A draft letter to one's "congressmember" on the first page lays out his rationale that "votes on environmental issues...are votes on *symptoms*." This because "votes determining U.S. population numbers are your most important environmental votes affecting our Nation's future." Population increase exacerbates or causes other environmental problems.

Kuper then relates his demographic priority to CUSP's goal of lowering immigration. He follows this brief introduction by dividing roll call votes into three areas: 1) consumption/conservation; 2) immigration; 3) natural increase. CUSP relies on other organizations' ratings for these specific issue areas, and computes average scores by weighing each area equally.

Kuper also indicates which House members have joined Tom Tancredo's Immigration Reform Caucus. In addition, separate scores are listed for each member's performance on Project Vote Smart's National Political Awareness Test. This is curious since the author acknowledges that "(u)nfortunately, few candidates respond to this commendable effort to inform votes."

The Truly Environmental Congressional Scorecard for the 107th Congress (2001-2002)
Edited by Alan Kuper
Cleveland: Comprehensive US Sustainable Population (CUSP)
25 pages, available from
www.uscongress-enviroscore.org

Other computations include those average scores for parties, each house of congress, states and for congressional members listed alphabetically. Beyond these are short descriptions of the roll call issues in each of the three major areas, and brief statements of organizational goals.

What patterns emerge? Despite their image as "the party of big business" — according to Liberals — the Republicans are much stronger backers of immigration control than Democrats. Similarly, almost all 58 members of the House Immigration Reform Caucus belong to the GOP. Conversely, the Democrats are overwhelmingly for "open borders" — terrorist threats notwithstanding.

Thus Kuper's inclusion of immigration enhances the Republican overall environmental score. It is doubtful that either the Sierra Club or other LCV coalition member organizations will be enamored by this outcome. For in such areas as consumption/conservation and natural increase, the left-leaning Democrats are far superior as they consequentially remain in overall scores. They have well-established symbiotic relationships with the

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environmental lobbies behind the LCV.

The foregoing notwithstanding, there are two even more fundamental reasons why the for-the-most-part unidentified environmental lobbies will reject Kuper's well-intentioned yet utopian effort. Neither was adequately addressed by the author.

First, there is no clear explanation of how much net migration and foreign born fertility rate differentials contribute to our population increase. An inexplicable absence of quantitative global or trend data including illegals (which are completely ignored) compounds the problem. Mere assertion persuades no one.

This is particularly true if left-wing bias constrains open-mindedness. Kuper himself appears to recognize that environmental lobby coalitions with Third World peoples advocates and interest groups as well as leftist "human rights" ideological orientations impede responsiveness to the patriotic immigration issue.

Not only does the author fail to explain why radical environmentalists should reconsider the assumptions underlying their Third World oriented paradigm, but he claims problematically that immigration reduction in our country will contribute to solving the global population explosion. Yet again there is not even an abbreviated explanation of *how*!

Beyond this there are several methodological problems that might be addressed if a second edition for the 108th Congress is envisaged. First, since in-migration contributes substantially more than an absence of "natural increase" control measures (e.g. availability of partial birth abortions, confirmation of Ashcroft, sex "education" in public schools), immigration should be more heavily weighted in CUSP's overall scores.

Second, Kuper claims that the mass public backs the radical environmental lobby's agenda, and thus uses the latter as the sole criterion for scoring. Yet survey research reported by American Enterprise Institute this year reveals that environmental issues rank quite low for Americans. When costs are explicated fully for the public, they often favor moderate proposals. Even in the area of natural increase, many who support first trimester abortions also favor parental notification for adolescents and oppose partial-birth abortions.

Why arbitrarily define and lump moderate environmentalists with anti-environmental "free market" idealogues? While a less extremist criterion would have further enhanced the environmental scores of Republicans, it is more probable that Kuper's choice here reflected his own basic ideological identification with the radical (globalist) position. This is evidenced in his language describing several vote-call bills as it is by his extremist claim that Kyoto symbolizes salvation from "Doomsday!" Can it be that dissenting moderates like ex-Greenpeace activist Bjorn Lomborg (*The Skeptical Environmentalist*) deserve to be relegated to the status of nonpersons?

As Soviet appeal faded, many New Leftists joined the environmental movement and radicalized its goals in an anti-capitalist direction. Motherhood type slogans like "sustainability" mask a statist neo-totalitarian agenda structurally hostile to advanced capitalism and rising levels of material well being — both highly valued by working families in America. Yet since Third World peoples are the new proletariat for this global leftist assault on private property, markets, the West and America, it is ludicrous to expect such neo-Marxist, anti-white elites to endorse Western let alone American immigration control. Hence our own "progressive" black elites and big labor oppose effective border control and illegal alien deportation even though mass immigration adversely affects their constituencies more harshly than any other sector.

The grip of this transnational Third Worldist paradigmatic reference group would be negated if 90 percent of our in-migrants originated from European ethnic stocks, rather than 10 percent. This explains the tenacity of the "Rainbow" coalitional LCV's rejection of immigration control as it does Kuper's failure to even consider "smart" immigration. Since some immigrant ethno-cultural groups are more receptive to ecological sensitivity than others, why ignore "quality" and restrict one's concern to numbers alone? From an environmental perspective, wouldn't we be better off with a thousand Danes than 500 Mexicans?

Other methodological concerns include the comparatively small number of immigration votes used as a scoring basis in the House. As for the Senate, it is unclear just how individuals were ranked. The author offers the following: "ABI scores are a good indicator of Senators' awareness that numbers matter, but, unless the selected ABI evaluations are done in precisely the same way, those ABI scores and therefore those Senators' CUSP scores cannot be

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measured quantitatively against each others scores." Sentence structure aside, did he use them anyway? If not, how were the individual scores generated?

Of lesser import was the inclusion of two subjects not necessary to the report's objective. The first, already mentioned, pertains to Project Vote Smart's issue awareness "test." This was ignored by many of the members of Congress. Further, it was not apparently restricted to immigration or the environment. Second, there is a lengthy commentary upon the desirability of "sustainable" societies. As mentioned previously, a detailed analysis of in-migration's relationship to demographic change would have done far more to educate the LCV target audience — one that fully endorses the statist neo-socialist "sustainability" alternative to modem capitalism.

Perhaps some of this criticism will be useful in structuring future CUSP reports. Yet it remains problematic whether an inherently nationalist issue like immigration control will *ever* appeal to Third World-oriented radical ecological globalists. If a second edition were designed to highlight the immigration performance of moderate environmentalists who put their own country first, such a report could strengthen defense of our threatened sovereignty while incrementally enhancing America's way of life. The LCV's ideological rejection of Kuper's noble effort will underscore the pragmatism of my suggested alternative. ■

California Dreaming

A State of Confusion

Book Review by Kevin Lamb

California's gubernatorial recall election highlights a number of crucial issues facing the residents of our nation's most populated state: California's looming $38-billion budget deficit; a financially bloated and deteriorating educational system; a tripling of the state's car tax; an energy crisis aggravated by inept regulatory mismanagement; an overburdened health-care system; a state that issues driver's licenses to illegal aliens, and grants instate college tuition costs to illegal aliens, yet charges out-of-state tuition fees for *legal* residents of other states.

Mexifornia: A State of Becoming
by Victor Davis Hanson
San Francisco: Encounter Books
150 pages, $24.95

The media's coverage of these issues (as one usually expects) tends to dwell upon superficial features (personalities and anecdotal accounts), which often leave the impression that these matters are disjointed problems. Put simply, journalists are reluctant to recognize a common causal relationship between the state's simmering political, social and economic upheaval and California's shifting demographic population base. For obvious liberal and egalitarian reasons, the "mainstream" press (as promoters of "multicultural diversity") selectively avoids connecting the dots: hence, as a "nation of immigrants," we should continue to indefinitely absorb the flow of legal and illegal migrants; the "benefits" of "cultural enrichment" will easily outweigh financial costs to the state, and besides what does the state's budget deficits, educational, welfare and health-care costs, traffic congestion, water shortages, pollution and environmental burdens have to do with the state's demographically expanding and changing population base? Let them come and the assimilation process — with the right mix of government policies — will work itself out.

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This sort of thinking is endemic and shows how the media and cultural elites continue to view this seemingly disparate matrix of political, social, economic and cultural indicators: legal and illegal immigration levels simply have a negligible adverse impact on the average native Californian. Crime rates are disproportionately higher in certain neighborhoods, not because of the presence of violent Hispanic gang members, but because of the state's *overall* higher unemployment rate. Welfare costs are increasing, not because of the presence of more low-wage, low-skill Mexican immigrants, but because the state's minimum wage fails to cover the costs of single-parents struggling to raise a family on a low-wage salary. Traffic congestion is worse than ever, not because more people are driving more cars and thus clogging up highways, but because the state fails to spend more on highway construction.

What compounds this perplexing mindset is Victor Davis Hanson's recently published book *Mexifornia: A State of Becoming*. As a classicist at California State University (Fresno) and fifth-generation Central Valley farmer, Hanson brings to the table an interesting background — the insights of a scholar steeped in history, language and culture combined with the experience of an agricultural farmer who has first-hand experience in witnessing his hometown of Selma transformed from a "unicultural" community to a Hispanic-dominated enclave. A perfect mix one would expect in terms of providing a first-rate analysis of the implications of California's ethnic transformation.

While he seems to grasp the fact captured in the words of the Pretenders' song—"my city was gone" — Hanson seems nearly delusional in attempting to explain this phenomenon: ethnicity and demographic factors are, in his view, irrelevant when it comes to understanding how California communities have changed. The problem is one of process — simply *allowing* assimilation to work. Illegal immigrants who refuse to assimilate have turned a once successful melting pot into a balkanized cauldron not because of who they are and what they represent, but because of a host of other reasons (cultural, social, and economic barriers) in which Western values and norms have failed to take root.

Hanson's explanations for his conclusions in this slim 150-page volume are less than convincing. As political scientist James Q. Wilson noted, "[*Mexifornia*] is less a book than an expanded magazine article." And since it contains no footnotes, references, bibliography or index, Hanson essentially wedges undocumented facts, assertions and statistics between anecdotes. Tipping his hand, he stated in a recent *National Review* article, "objective data cannot tell us whether a front-line state like California is saved or lost because of illegal immigration."

"For any sophisticated reader with commonsense, the frustration boils down to this: Only someone of this intellectual caliber can miss something so strikingly obvious."

What is baffling about Hanson's book is that he seems to have his pulse on the symptoms of California's immigration problems, even to the extent that these are properly attributed to the nonstop flow of illegal immigration, but in the final analysis he fails to properly diagnose the causes which contribute to this dilemma of "assimilation." For Hanson, the problem underlying the flight of illegal Mexicans into the U.S. is a despotic Mexican government that is exporting its undesirables (Mestizos and Indian underclass) northward beyond the country's border. Hanson seems to recognize what is patently obvious: Mexican society — from the government on down — breeds corruption. The question he tiptoes around is: *What makes it so comparatively corrupt*? He argues that the heart of California's immigration problem is "complex," and this complexity is reflected in a lack of "domestic" reforms on the part of the Mexican government, reinforced by U.S. foreign policies toward Mexico that will force an end to its "tribalism" and "class" discrimination. Once reforms take hold in Mexico, minimizing and reversing government corruption, then the conditions will be ripe to diminish

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the northward flow of illegal immigrants.

For any sophisticated reader with commonsense, the frustration boils down to this: Only someone of this intellectual caliber can miss something so strikingly obvious. Some points that Hanson raises seem to abruptly dodge the logical extension of his reasoning. Other positions strike a bizarre degree of inconsistency: He describes the deplorable conditions that have turned his hometown into a Third World community as the small community turned largely Hispanic, then expresses his personal admiration for the contributions of Latino culture to America's diversity. Hanson is a firm believer in the "melting pot" metaphor. So long as Mexican immigrants are properly assimilated into the grain of American culture, then America benefits from this ethno-cultural integration. He fails to adequately address the alternative: perhaps some cultures are simply *unassimilable* or *incompatible* with the cultural standards, norms and traditions of the majority population. Suppose, even more significantly, some immigrant cultures are *assimilable only up to a point*.

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What is missing from his analysis is any consideration of the *law of averages*. If, on average, Latinos commit more violent crime than say non-Hispanic whites or Asians; if, on average, they rely upon state welfare services more than say other major California ethnic groups; if, on average, they depend on low-wage, low-skilled jobs; if, on average, they perform more poorly and score lower grades than other comparative ethnic groups, so on and so forth, then how will this impact the social and political landscape? This can be viewed for what it realistically is, and to some extent Hanson seems to suggest that if current levels of illegal Latino immigration persist as projected to 2050 by census bureau estimates, the lack of low-skilled jobs could eventually lead to a Brazilian-style balkanized society increasingly divided by class, race, and ethnicity. The situation is one in which these ethnic differences are likely to persist rather than dissolve in the great "melting pot." If so, native Californians are likely to either flee the state or seek refuge in areas of California that remain relatively insulated from the ghetto conditions associated with Latino-majority communities. Liberal politicians will seize on this development, seeking the ethnic-block vote of Latinos, denouncing their plight as victims of "racism" and "discrimination."

To his credit, Hanson would reform our immigration system and limit the flow of illegal immigration into the U.S., even though he offers few specifics as to how he would accomplish this task. Since 9/11 two years ago, he has replaced Daniel Patrick Moynihan as the neo-conservative's favorite liberal — he remains a registered Democrat, claims to be an old-fashioned liberal — but has managed to write 121 bylined articles for *National Review* and *National Review Online* in the past two years. Hopefully, over time Hanson will reassess some of these positions, shed the meaningless clichés of the "melting pot," and apply his first-rate historical insights toward a more sound resolution of California's demographic transformation before it is too late. ■

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The Bulletin Board

Immigration on the Internet

Here are some additional sites that readers may find of interest. Listing them here does not imply that THE SOCIAL CONTRACT endorses the material on any specific site.

- The Federation for American Immigration Reform (FAIR): www.fairus.org.
- Diversity Alliance for a Sustainable America at www.diversityalliance.org.
- Immigration by the Numbers: www.numbersusa.com.
- ProEnglish: www.proenglish.org.
- Californians for Populations Stabilization (CAPS): www.capsweb.org
- A new voice for population/environment issues: www.sprawlcity.org.
- Center for Immigration Studies: www.cis.org.
- *Limits to Growth* edited by Brenda Walker: www.LimitsToGrowth.org.
- Friends of Immigration Law Enforcement: www.fileus.com.
- www.ImmigrationsHumanCost.org.
- Alternatives to Growth Oregon at: www.agoregon.org.
- National parks at our southern border are being overrun by an overwhelming number of illegal aliens: www.desertinvasion.us.
- Comments from Peter Brimelow, Joseph Fallon, and others: www.vdare.com.
- Colorado Alliance for Immigration Reform (CAIR) and links to other state-based organizations: www.cairco.org.
- Carrying Capacity Network: www.carryingcapacity.org.
- Negative Population Growth: www.npg.org.
- California Coalition for Immigration Reform: www.ccir.net.
- Philip Martin's *Migration News:* www.migration.ucdavis.edu.
- Professor Norman Matloff: www.heather.cs.ucdavis.edu /pub/Immigration/Index.html.
- Midwest Coalition for Responsible Immigration: www.enteract.com/~mcri97.
- Sierrans for U.S. Population Stabilization: www.susps.org.
- *People and Place* is published in Australia by the Centre for Population and Urban Research: www.elecpress.monash.edu.au/pnp.
- Canadian Immigration Reform Committee: www.canadafirst.net.
- Terminology is important: www.illegalaliens.us.
- Voices of Citizens Together: www.americanpatrol.com.
- Council of Conservative Citizens: www.cofcc.org.
- Juan Mann hosts a website at www.DeportAliens.com.
- The Biocentric Institute: www.iapm.org/biocenter.html.
- Stalking the Wild Taboo: www.lrainc.com/swtaboo/.
- ProjectUSA: www.projectusa.org.
- The European Forum for Migration Studies: www.uni-bamberg.de/~ba6ef3/home.html.
- Floridians for a Sustainable Population: www.flsuspop.org.
- Population and Sustainability: www.ecofuture.org/populat.html.
- American Renaissance: www.amren.com.
- *Mankind Quarterly:* www.mankind.org.
- Federal Publications (developments in immigration law): http://www.fedpub.com/fedpub/immigrat.htm.

E-mail addresses for pertinent organizations:

- Center for Immigration Studies (CIS): center@cis.org.
- Negative Population Growth: npg@npg.org.
- Carrying Capacity Network: ccn@igc.apc.org.
- Californians for Population Stabilization (CAPS): caps@capsweb.org.

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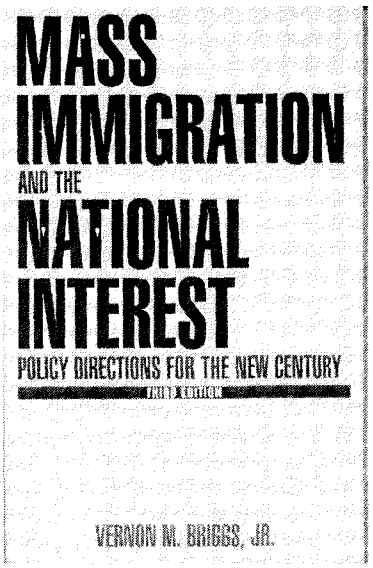

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